V. S. No. 1

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	157
County Bolto	Registration Dist. No.
Village or City Rosedala	No. Summet are + Stelltast Ward
(If a	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME PLANTS B. Class	
	100
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21 DATE OF DEATH
5a. If merried, widowed, or divorced HUSBAND of	(Month) (Day) (Yeak)
(or) WIFE of	22.     HEREBY CERTIFY That I attended deceased from
	19 to fine 26, 19 X
6. DATE OF BIRTH (month, dey, and year)	last saw h alive on 19 ; deeth is said
7. AGE Years Months Days I/LESS than 1 day,hrs.	(to have occurred on the date steed above, at
60 8 / 3 gr ming	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onest
8. Trade, profession, or particular kind of work done, as SPINNER,	
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which	- A
work was done, as SILK MILL, SAW MILL, BANK, etc.	Success
O 10. Date deceased last worked at 11. Total (ime weers)	
O this occupation (month and year)	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	GANGE CONTRACTOR
	A) theat
E Cutant	
14. BIRTHPLACE (city or town)	Name of operation Date of
The state of the s	What test confirmed diagnosis?
15. MAIDEN NAME COSEN Chambers 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(Stete or country)	Where did injury occur? Adultab & Summation (Specify city or town, county and State)
17. INFORMANT Colmul Usulnd	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Summed one Still Top Ro	A The second second
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place David Mart by Date Migra it ]., 19-31	- Neture of injury . Amount more
19. UNDERTAKER Marty M. B. Dungel	24. Wes disease ar injury in any wey related to occupation of deceased?
(Address) 3) I sung	If so, specify
20, FILED Ingel 29,19 34 John G. Cornelly	(Signed) M. C
Registrar	(Address) // FATT TWO COLO
If more blanks are meded address Seets During	N Charles Street Baltimana Description 91 S No

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mcchanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HU 8 1834			
Other contributory causes of importance:	J	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			The state of the s

3	

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		GD GDEATH
County Baltin	nl,	Registration Dist. No.
Village or City Cassales	-/	No. St., W  If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME (a) Residence: No. 511	M. aba	s. ds. How long in U.S. if of foreign birth?yrsmos
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH
male white "	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  AM  Mar	y Sprinkle	22. I HEREBY CERTIFY. That I attended deceased in Jel. 15 ,1934, to June 13 ,193
7. AGE Years Months	Days   If LESS than 1 day,hrs. ormin,	ware as tellaws:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	tied	Carcinoma of Pecture Date of or and Bladded.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked at this occupation (month end year)	11. Total time (yeers) spent in this occupation	Cremony adena carcinoma of frastate
12. BIRTHPLACE (city or town) Oans	lg ma	Other Contributory Causes of Importance:
13. NAME Corroad C	Maugh	Name of operation Date of
(State of Country)	The .	Whet test confirmed diagnosis? Clinical Was there an autopsy?
15. MAIDEN NAME	rentele	23. If death was due to externel causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or counlry)	nd	Accident, suicide, or homicide?
17. INFORMANT Tarty M. (Address) 51, Sufficient	Mangl	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Sether Com. De	Me June 7993	Manner of injury
19. UNDERTAKER Satsyll (Address) 1944 fcu	nouthan	24. Wes disease or injury in any way related to occupation of deceesed?
20. FILED June 26 1934 M	P protter	(Signed) Slabole (Address) 6014 York Road

V. S. No. 1

PHYSICIANS should state

of OCCUPA-

Exact statement

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

MARGIN RESERVED FOR BINDING

EXACTLY.

stated

AGE should be

mation should be carefully supplied. CAUSE OF DEATH in plain terms, s

-WRITE PLAINLY,

N. B.

properly classified.

be

so that it may

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Side Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

MARGIN RESERVED

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Example I	i	Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
STATE OF STA			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 115725
1. PLACE OF DEATH	(93:2)
County Cathimore	Registration Dist. Mo. / 43
Village or City Fullerton	No 2 Mulletton Heights Give - Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth yrsmos ds.
2. FULL NAME John S. Samberge	
(a) Residence: No. 2 Fulleston h / sight	To Sheward.
(Usual place of abody)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH 21 193 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of latie Bamberger?	1 HEREBY CERTIFY. That I attended daceased from
6. DATE OF BIRTH (month, day, and year) 1914 1914 1863	I last saw h Ann aliva on June 21, 19.3 4; death is said
6. DATE OF BIRTH (month, day, and year) 100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	to have occurred on the date stated above, at 2 P m.
70 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
& Trade, profession, or particular	Were as follows:  Change my readial desease 8 months
kind of work done, as SPINNER, Insurance Man	atenacele of the
I 9. Industry or business in which	
work was done, as SILK MILL, Ketured SAW MILL, BANK, etc.	
10. Dato deceased last worked at this economic month and 1928 spent in this occupation (month and 1928)	
12. BIRTHPLACE (city or town) Balty:	Other Contributory Causes of importance:
(State or country) markand	Raile Bulmerous oederna 2 days
13. NAME ISLAM BATTY Batty.  14. BIRTHPLACE (city or town) Batty.	Name of operation Date of
(State or country), monstand	What test confirmed diagnosis? Physical argua Was there an autopsy? 913
15. MAIDEN NAME & STAR STORMEN	23. If death was due to external causes (VIOLENCE) fill in also the following:
16, BIRTHPLACE (city or town) Carroll, Cof	Accident, suicide, or homicide? Date of injury, 19
(State or country) manyland	Where did injury occur?
17. INFORMANT Nine Katie Camberger (Address) Full Section and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
Plararraine completely from 23, 19134	Nature of injury
19. UNDERTAKER/TROCK Social Jones Jones (Address) 740/Boldin Road	24. Was disaase or injury in any way related to occupation of deceased?
20. FILED 6/22, 1934 D. a. Futy MD. gegistrar.	(Signed) When to alcuse) M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemarrhage	July 5,1927	Peritonitis	3 days aga
il gue s			
00 10 10 10 10 10 10 10 10 10 10 10 10 1	S		
Other contributory causes of importance:	man man and .	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH (15736
1. PLACE OF DEATH	93-2
County Dallmore	Registration Dist. No.
Village or City Rederwood MW	NoSt.,Ward
Length of residence in city or town where death occurred 3 yrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2 EILL NAME ENLISTED & BUTT	11. 42
(a) Residence: No. Riskswood My	' St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR MACE OR DIVORCED (write the word)  What White	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of March Mason	22.   HERENY CERTIES, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Mov-6 + 1873	I last saw he will alive on June 7 193 & death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1945Pm.
60 1 day,hrs.	The PRINCIPAL CAUSE OF BEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of one et
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Hypo Dall Mumon flus
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupetion (month and spent in this	
year) occupation	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town)	Office Controller Causes of Importance.
(State or country)	Willian Cleroxis 294
13. NAME Edward L. Bustitt	T Myo Cardillo Milly
14. BIRTHPLACE (city or town)	Name of operation Date of Listelle
(State of country)	What test confirmed diagnosis? 191461 Was there an autopsy? 211
15. MAIDEN NAME SUAS OF FARLAUS,  16. BIRTHPLACE (ofty optown) THE STATE OF THE STA	23. If death was due to external causes (VIOL ENCE) fill in also the following:
State or couptry)	Accident, suicide, or homicide?
Mark Share of Comments of the	Where did injury occur? (Specify city or town, county and State)
17, INFORMANT AND CAME AND	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Gellumount le Date Hure 9, 1934	Nature of injury
19. UNDERTAKER SCUSY Il Jenlein & Sors lo	24. Was disease or injury In any way releted to occupation of deceased? 240 .
(Address) Cold will Markolloh &	If so, specify
20. FILED P. Buch	(Signed) A. Kest Ch. p.M.D.
Registrar.	(Address) Welltworth after
If more blanks are needed, address State Registrar.	2411 N. Charlet Street Baltimore Requesting 9 S No. 1

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
# JUL # 1536			
Other contributory causes of importance:	4	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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of OCCUPA-

of infor-

05728

1. PLACE OF DEATH	GERTHIORIE OF BEATH
County Baltimore	Registration Dist. No. 93
	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city or town whara death occurredyrsmos.	1
2. FULL NAME John C. Baumgaran	· el
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Male Marsed  Marsed	21. DATE OF DEATH 2000 (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of Corp. WIFE of Marian F. Baumanahuer	22. I HEREBY CERTIFY, That I attended deceased from  June 18th 1934 to June 20 1934
6. DATE OF BIRTH (month, day, and year) Oct 30 1882	1   1   1   1   1   1   1   1   1   1
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at _6 _6m.
37 7 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEFPER, etc	Cardio - Vasaular 1934
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Data decaased last worked at	Disease
10. Data decaased last worked at this occupation (month and year) 11. Total tima (years) spant in this occupation 30	Other Contributory Causes of Importanca:
(Stata or country)	
13. NAME William D. Zaumgardner	
14. BIRTHPLACE (city or town) - Hayland (State or country)	Name of operation
15. MAIDEN NAME Shipmown	What test confirmed diagnosis?
16. BIRTHPLACE (city or town) Andrews (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Marion F. Baumyardner (Address) Restention M. M.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Settlestown Dates Set June 23 19 3 4	Manner of Injury
19. UNDERTAKER SHELLING PARTY STANDARD	24. Was diseasa or injury In any way related to occupation of deceased?  If so, specify
20. FILED from 20, 1934 Symboly Registrar.	(Signed) The Steel M. D.  (Address) Pers aroton md

STATE OF MADVI AND CEPTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RECE	VED		
Other contributory causes of importance:	1002	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
BUCEAU	V. S.		

infe sta UP	1. PLACE OF DEATH	(120)
	County Balto.	
item of should of OCC	Village or City Rosedale	No.
- N -		death occurred in a hospital or insti
Every CIANS ement	2. FULL NAME alysais Baumme	T)
9/3	(a) Residence: No. Coloro (Usual place of abode)	St., Ward.
3 4	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL
NT N.CC LY. PH.	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) White Wasser	21. DATE OF DEATH
PERMANENT I EXACTLY rly classified.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wallel Baumural.	22. I HEREB
EX. cla	6. DATE OF BIRTH (month, dey, and yeer) July 27 1850	11 st sew h. Lalive on
A ted	7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to heve occurred on the date of The PRINCIPAL CAUSE OF DE were as follows:
HIS be be of	8. Trade, profession, or particular kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL.	Dur
me	SAW MILL, BANK, etc	
EBTO	10. Date decessed lest worked et this occupation (month and year) 11. Total time (years) spent in this occupation	Other Contributory Causes of in
se cti	12. BIRTHPLACE (city or town) Jermsuy ' (State or country)	Ben
UNFA upplied terms,	II 13. NAME rubanaws	
TTH UNFAI ully supplied. plain terms, t. See instru	14. BIRTHPLACE (city or town) Scruary (Stete or country)	Neme of oparetion
E E E	# 15. MAIDEN NAME Burkenown	23. If death was due to externel
G	16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?.  Where did injury occur?
PLAIN nould be DE DEA	17. INFORMANT Fortrude Cyrie (Address) 828 & Highland Que	Specify whether injury occurred
TE a sh	18. BURIAL, CREMATION, OR REMOVAL Pleca Sacrad Heart Detalement 15, 1903 4	Menner of injury
WRITH mation cause	19. UNDERTAKER Lilly + Zieler due. (Address) 15-03/18 Nolls St.	24. Was diseese or Injury In any
z T	20. FILED feele / Yoh, 19 John G. Cornelly Registry.	(Signed)(Address)
	Regular.	(//001000)

Registration Dist. No. ital or institution, give its NAME instead of street and number) in U.S. if of foreign birth? yrs. mos. ds. If nonresident give city or town and State ICAL CERTIFICATE OF DEATH CERTIFY. That I attended dacaesed from SE OF DEATH and releted ceuses of Importance Date of onset

uses of importence: externel causes (VIOLENCE) fill in also the following: homicide?\_\_\_\_\_, 19\_\_\_\_, 19\_\_\_\_, (Specify city or town, county and State) occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

(Month)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ed.	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis P 3	3 days ago
		9 8 9	
Other contributory causes of importance:		Other contributory causes of imperiance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	CERTIFICATE OF DEATH 05740
1. PLACE OF DEATH	(3-0)
County Weltmore	Registration Dist. No. 3 F
Village or City Peologies Forge	No. St., Ward
(li Length of residence in city or town where deeth occurred yrsmos	NoSt.,Ward f death occurred in a horpital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmosds,
2. FULL NAME Edward Ball	
(a) Residence: No. 10 John L. Symington con (Usual place of abode)	St., Wards  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Saft . 1840	, 19-59
7. AGE Years Months Days If LESS than	I last saw hza alive on
Q / I day hrs	to have occurred on the date stated above, at
74 6 Mukm ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, Itc.	
SAWYER, BOOKKEEPER, Itc	Chrose day ou ditti
work was done, as SILK MILL,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, tc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and  11. Total tima (yeers) spent in this	
year) occupation	
12. BIRTHPLACE (city or town) Godguen Co.	Other Contributory Causes of importance:
(State or country)	NI L
13. NAME Enknown	
I I	
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diagnosis? Lancal Was there an autopsy? 2
15. MAIDEN NAME Independent of the Independent of t	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT The Joyn ngim (Address) Rodgin fing to Palling as me	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURTAL, CREMATION, OR REMOVAL	Manner of injury
Plate Of Print 11 Date July 191934	
Man A A A A	Nature of injury
19. UNDERTAKER TOWNS OF THUSELY	24. Was disease or injury in any wey related to occupation of deceesed?
(Addressy//alla /lay.	If so, specify
20. FILEDMINE 48 1934 - Am P. Queler	(Signed)M. D.
Registrar.	(Address) hearton ma

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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Example I	v Adams	Example II
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:
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Chronic interstitial nephritis	1921	Run over by street car
Cerebral hemorrhage	July 5,1927	Peritonitis days ag
Other contributory causes of importance:		Other contributory causes of importance:
Gallstones	May 1,1923	Gastroenteritis 1 year

V. S. No. 1

certificate.

of OCCUPA-

1. PLACE OF DEATH	03/41
County Baltemone	Registration Dist. No. 35
Village or City white Hall	NoSt. War
	If death occurred in a hospital or institution, give its NAME instead of street and number)
000000	ds. How long in U.S. if of foreign birth?mosd
2. FULL NAME John allfres 13	causer.
(a) Residence: No. 1 4 3 1 0 E dom baro (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE, OR DIVORCED (write the word) Male w fulle Of Divorced (write the word)	21. DATE OF DEATH Jule (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of GOT WISE OF	22. I HEREBY CERTIFY, That I attended deceased fro
adula praises	, 19, to, 19,
6. DATE OF BIRTH (month, day, end yeer) about 1894	I last saw h; death is se
7. AGE Years Months Deys If LESS than 1 dey,hrs.	were as follows:
Trede, profession, or particular kind of work done, as SPINNER, Fure was SAWYER, BDDKKEEPER, etc.	Decouper Dearb Date of onse
SANTER, BUDARCEPER, etc.	
kind of work done, as SPINNER, Free Market BDDKKEPER, etc.  9-Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decessed lest worked at this occupation (most being constant). The second in this occupation (most being constant).	- 1. M. A.M. A
- 1/ sus occubation (mouth end	scalded ; had enjured; crushed palvia.
year) occupetion	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(Stete or country)	- None.
13. NAME & Causer  14. BIRTHPLACE (city or town) upor le	
14. BIRTHPLACE (city or town)	Name of operation New 2.
	What test confirmed diagnosis?
H 412	23. If death wes due to external causes (VIDLENCE) fill in elso the following:  Accident, suicide, or homicide? The Costdent Dete of injury Accede, 1924.
2 16. BIRTHPLACE (city or town) 407.5 (Stete or country) Pa	Where did injury occur? At Graystone Station - Balta Co. md.
17. INFORMANT Laura Blace er	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 4.8(0 & Lombar St.	In public place, Gernsylvenia Pribroad.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury Locamstive left track, 34 fell in River.
Piece Mi. 2002 Date June 9, 1939	Neture of injury Lazabare.
19. UNDERTAKER P. Markelin Jan	24. Was disease or injury in any wey related to occupation of deceased?
(Address) while shalf had	if so, specify Tremen, on steam Issamstive
20. FILED Surge to 1984 melus Cortices	(Signed) W Coars are decleson Come
Registrar.	(Address) Whitestere my

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Example 1	i	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
(B) Z (B)			
Other contributory causes of importance:		Other contributory causes of importance:	3 1 5
Gallstones	May 1,1923	Gastroenterilis	1 year

		MARGI	N RE	SERV	ED	FOR	MARGIN RESERVED FOR BINDING	
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RE	WITH	UNFAL	DING	INK-T	HIS	IS A	PERMANEN	PP
nation should be carefully supplied. AGE should be stated EXACTLY.	fully	supplied.	AGE	plnods	be	stated	EXACTL	Υ.
AUSE OF DEATH, i	in plain	n terms,	so that	it may	pe	proper	ly classified.	Exa
4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						0.1		

		гн ,			3/1/1	
	inty Ball				Registration Dist. No. 4	
Vill	age or City	ofeli a	eff		No. St.,  death occurred in a hospital or institution, give its NAME instead of street and uum	War
Len	gth of residence in cit	y or town where	death occurred		death occurred in a hospitation institution, give its tVAIVE instead of street and authorized to	
2. FUI	LL NAME S	ister Ma	74 Enzice	Bloom		
	Residence: No		Maria		St., Ward.	
			(Usual place of		If nonresident give city or town and Sta	te
SEX		R OR RACE	ICAL PARTIC		MEDICAL CERTIFICATE OF DEATH	
7		vlile	5. SINGLE, MARRI OR DIVORCED'S		21. DATE OF DEATH	93.4 (Yaar)
HUSB	ied, widowed, or divo AND of VIFE of	rced			22.   HEREBY CERTIFY, That I attended dec	ceased fr
DATEO	F BIRTH (month, day		Sept 8-1	892	Ilast sawh 22 aliva on June 20 1934: d	eath is s
AGE	Years	Months	Days	If LESS than	to have occurred on the date stated above, at 6.45 Rm.	reath 15 5
	41	9	17	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
I Tra	ada, profession, or pa kind of work dona, SAWYER, BOOKKEE	irticular as SPINNER,	T		Pulmonary Tuberculosis	ate of one
79. Inc.	SAWYER, BOOKKEE dustry or business In		1 earlier			
1	work was dona, as S SAW MILL, BANK, e	ILK MILL,	*******			
10. Da	te deceased last wor this occupation (mor		11. Total time	e (years) in this		
2	yaar)		occupa	ation		
2. BIRTHI	PLACE (city or town)	How			Other Coutributory Causes of Importance:	
2. BIRTHI	PLACE (city or town)	How	and Co.		Other Coutributory Causes of Importance:	
2. BIRTHI	PLACE (city or town) ate or country)	How		ued,		
2. BIRTHI	PLACE (city or town)	How	and Co.		Neme of operation	new?
2. BIRTHI (St. 13. NA 14. BII	PLACE (city or town) ate or country)  ME  RTHPLACE (city or to	How	and Co.	Med,	Neme of operation Oate of What test confirmed diagnosis? Was there an auto	opsy?
2. BIRTHI (St. 13. NA	PLACE (city or town) ate or country)  ME RTHPLACE (city or to (State or country)  MOEN NAME	Henry Henry wn) 14	Bloom Bloom Loward Ce Durlin	Med,	Neme of operation	
2. BIRTHI (St.	PLACE (city or town) ate or country)  ME RTHPLACE (city or to (State or country)  MOEN NAME	Henry Henry wn) 14	and Co. Bloom	Med,	Neme of operation	
2. BIRTHI (St. 13. NA 14. BII 15. MA 16. BII 17. INFORM	PLACE (city or town) ate or country)  ME RTHPLACE (city or to (State or country)  MIDEN NAME RTHPLACE (city or to (Stata or country)	How Henry wn) 14 Cenna wn) 1	Bloom Bloom Loward Ce Durlin	Med,  o. Ued,  g. ued.	Neme of operation	_, 19
22. BIRTHII (St. 13. NA 14. BIII 15. MA 16. BIII 16. BIII 16. BIII (Add	PLACE (city or town) ate or country)  ME RTHPLACE (city or to (State or country)  MOEN NAME RTHPLACE (city or to (Stata or country)  MANT Jidress)  CREMATION, OR R	Henry Wen) 14 Cenna Wn) 16 Mar	Bloom Bloom oward Ce Durlin Ballimore	y und.	Neme of operation	_, 19
2. BIRTHI (St. 13. NA 14. BII 15. MA 16. BII 17. INFORM (Add 8. BURIAL Plan 9. UNOER	PLACE (city or town) ate or country)  ME RTHPLACE (city or to (State or country)  MOEN NAME RTHPLACE (city or to (Stata or country)  MANT John Sant Sant Sant Sant Sant Sant Sant San	Henry Wen) 14 Cenna Wn) 16 Mar	Bloom Bloom Coward Ce Durlin Barlimore y Clara	ation	Neme of operation	_, 19

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Date of onset	The principal cause of death and related causes	D
	of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	JUL 3 1934	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:

AGE should be

CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of

mation should be carefully supplied.

W)	IS A PERMANENT RECORD. Every item of infor-	properly classified. Exact statement of OCCEPA-
•	T RECORD.	Exact state
FOR BINDING	PERMANEN	erly classified.
F0]	IS	properly

SIAIL OF MARYLAND—	CERTIFICATE OF DEATH 05743
County Bultimore,	Registration Dist. No. 3
Village or City: Whitehalf.	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?
2. FULL NAME Thomas F. Bos	csom.
(a) Residence: No. 3232 Teawish (Usual place of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  The second of the	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Ala Bossom.	22. I HEREBY CERTIFY, That I attended deceased from 19
6. DATE OF BIRTH (month, day, and year) Zunkmoune 1873	l last saw h alive on, 19; death is sai
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance werg, as follows:
8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)	Jenney baria Railroad accident. Exercation of scalp; left leg broken at hip it knee; internal over furies; face is back scalded, Croggy.  Other Contributory Causes of importance:
(State or country)	Mone.
13. NAME  14. BIRTHPLACE (city or town)  (State or country)  Unknown	Name of operation Rocks Oate of Was there an autopsy? No.
15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT I da Bossom (Address) 3232 Tuswik Road  18. BURIAL CREMATION, OR REMOVAL Place Druid Page Cempate June 9, 1934	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Assident. Oate of Injury Journe 6th, 1994.  Where did injury occur? Araystorse. Balto. Co., Md., Bal. R. R.  (Specify city or town, county and State)  Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.  Injuryle place; Pack. R.; Aparator of steam locomotives  Manner of Injury Socretice left trock & Left in rivers.  Nature of injury. See above.
19. UNOERTAKER & herroweth Son.  (Address) 3615 6 hestruit av. Balto ma  20. FILEO MILE 7., 1924 Melaner Barling.  Registrat.	24. Was disease or injury in any way related to occupation of deceased? (Less.)  If so, specify Jery Hengineer of locamotical (Signed) (Signed) (Address) (Address) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED mation should be carefully supplied. Ä

V. S. No. 1

	OF MARTLAND	CERTIFICATE OF DEATH	1144
1. PLACE OF DEATH			
County O County	usu	Registration Dist. No.	
Village Dr City Jan	ull	NoSt.,	Ward
Length of residence in city or town whe		death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME Man	7/ 7/3	and the	11103
	ma j. 1010	July	
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town a	nd State
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (water the word)	21. DATE OF DEATH une 23	, 193 4
5a. If married, widowed, or divorced HUSBAND of		(Month) (Day)	(Year)
(or) WIFE of Cariglia	ton Brailley	Iller ON Ell VII	d deceased from
6. DATE OF BIRTH (month, day, and year)	July 3 184.7	(1)	4 death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 430 Pm.	
86 11	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER.	91	0.1	Date of onset
SAWYER, BDDKKEEPER, etc.	1 peuc	Mrone myocardity	Impore
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	Chronic nepliritis	unpn
	Occupation	Other Contributory Causes of Importance:	1
I2. BIRTHPLACE (city of town)	1/21:	1/60	
	Kitchen	Uremia	6-14
	1 6		
(State or country)	Va.	Name of operation Date of_	1
	rik.	What test confirmed diagnosis? Was there en	
	,	23. If death was due to external causes (VIOLENCE) fill in also the following	-
16. BIRTHPLACE (city or town)  (State or country)	luk.	Accident, suicide, or homicide? Date of injury	, 19
J.P.	1. Bearilles	Where did injury occur? (Specify city or town, county and St	ate)
(Address)	-datock me	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC P	LACE.
18. BURIAL, CREMATION, DR REMOVAL	1 0 25	Manner of injury	
Place samue Ma	2. Date June 26, 1934	Nature of injury	
19. UNDERTAKER X	Son Inc	24. Was disease or injury in any way related to occupation of deceased?	nu
(Muliess)	19.16	If so, specify Clessian D Dept	est
20. FILED 9/24 , 79 1)	n. Lupper	(Signed) (Address) Eller C	Ty m
If mo	re blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

CTATE OF MADVIAND CEDTIFICATE OF DEATH

118 40 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RECEIVE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
Designati V. S	4		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July5,1927	Perilonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE F	FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B.—V

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH,	93-20
County Baltimore	Registration Dist. Np. 3
Village Dr City Jowson	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	sds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Thomas lo. Brufs	-
(a) Residence: Np. 2 2 Wist Permaylvania (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (purite the word)	21. DATE OF DEATH JUNE 7 h 193 4
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF Nora Jones 13 ruff	March 1933 to Show 7 to 1934
March 2 6 2 1850	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h Man elive on All 5th , 19 34; death is said
7. AGE Years Months Days If LESS than I dey,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
S Toda safetia sa di la	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER Returned.	
9. Industry or business in which	Myscoralal mufficiency
9. Industry or business in which work was done, as SILK MILL, Peacher. SAW MILL, BANK, etc	
10. Date deceased last worked et this occupation (month and spant in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Manyland (State or country)	Centity aneral aleris Salerosis
13. NAME John Bruff	
14. BIRTHPLACE (city or town) Marshand	Name of constitut
(State or country)	Name of operation Oate of What test confirmed diagnosis?
15. MAIDEN NAME Parah Colomon	Whet test confirmed diagnosis? Was there an autopsy? Ha
16. BIRTHPLACE (city or town) Manyland	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
(State or country)	Where did injury occur?
want land the Brull	(Specify city or town, county and State)
(Address)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Profest Hell Date June 9, 1934	Neture of injury
19. UNDERTAKER John Burns Sons	24. Was disease or Injury In any way related to occupation of deceased?
20. FILEO Jane 8 1934 Win Whatte	(Signed) January Mrs. January M. D.
If more blanks are needed, address State Revisionar	(Address)
the state of the s	-7 · · Commo Street, Datimore, Requesting 'U. S. IVO. 1.

115716

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as for ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis Q	1921	Run over by street car	1 week ago
Cerebral hemorrhige	July 5,1927	Peritonitis	3 days ago
(TH)			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

N. B.

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 05747
1. PLACE OF DEATH	92:00
County (Sally	Registration Dist. No. 33
Village or City Carkton R.D.	St.,Ward
2. FULL NAME John Strong Stron	(If death occurred in a hospital or institution, give its NAME instead of street and number) os. How long in U.S. if of foreign birth?
(a) Residence: No. Valle (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Constitution  4. COLOR OR RACE Constitution  5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the wort)  5a. If married, widowed, or divorced	21. DATE OF DEATH  Jule 193 (Year)
HUSBAND of Morgare YEllen Bull	22. I HEREBY CERTIFY That i attended decoased from 19.34, to James 25, 1934
6. DATE OF BIRTH (month, day, and year) Way 19-1856 7. AGE Years Months Days If LESS than 1 day,hrs	
8. Trade, profession, or particular kind of work dona, as SPINNER, Lettred Farius SAWYER, BOOKEEPER, etc. 9. Industry or business in which	war as follows: Corte Insufficiency 1933
kind of work dona, as SPINNER, leaved fariums SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oata deceased lasf worked at this occupation (month and year)  12. BIRTHPLACE (city or town) (Stata or country)	Othar Contributory Causes of importance:  Other Contributory Causes of importance:  19.31
13. NAME Samuel, Bull.  14. BIRTHPLACE (city or town). Balb Co (State or country)	Name of operation
15. MAIOEN NAME Elizabeth Wesiter  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicida, or homicide?
17, INFORMANT le larence & Bull (Address) Carklay rud	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL OREMATION, OF REMOVAL LETY Oate July 28,143	Mannor of injury
19. UNDERTAKEN Paul M. Thurtquistery (Address) New Freedown Fr	24. Was disaase or injury in any way related to occupation of deceased?
20. FILED Jesse 27; 1934 Cheeses Figures. Registrar.	(Signed) What to Hesser M. D.  (Address) Finelland Mag.,  7, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JUL 6 1924			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	li	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis `	3 days ago
21 - 11	Page A		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ADDITIONAL SPACE	FOR FURTHER STA	TEMENTS BY PI	HYSICIAN		
Place of death	: applicant 7/6/3	4 New Amsterdam	Casualty Co.	states o	child was	swimming
at'5 Oaks" P						

1. PLACE OF DEATH	(31)	
County Carry	Registration Dist. No. 40	
	No. St., death occurred in a horpital or institution, give its NAME instead of street and number	
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. If of foreign birth?yrsmos	ds
2. FULL NAME JULIA OII	ul	
(a) Residence: No. Jungsville mi	L' St., Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH	
Terrale Alite OR DIVORCED (write the word)	June / 193	Year)
5a. If married, widowed, or divorced HUSBAND of	22. J HEREBY CERTIFY, That I ettended decease	. 1 6
(or) WIFE of the late Daniel H. Cam		ad Holl
6. DATE OF BIRTH (month, day, and year) Sept 8 = 1847	Marsh 15 26	h Is said
7. AGE Yearsy Months Days If LESS than	to have occurred on the date stated above, at 10 Pim.	
86 9 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	11
8 Trade profession or particular	were as follows: Tulocordius Oate	of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this pecunition (month and		
10. Date deceased last worked et this occupation (month and year)		
Md.	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	m pyline 2	The
13. NAME 14. BIRTHPLACE (city or town) 24.		
14. BIRTHPLACE (city or town)	Name of operation Date of	
(State of country)	What test confirmad diagnosis? Was there an au'opsy	?
15. MAIDEN NAME Mana Bausman	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide?, I	9
∑ (State or country)	Whera did injury occur? (Specify city or town, county and State)	
17. INFORMANT Class Carrier McA	Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place St. Johns Purpsulle Data June 20, 1934	Manner of Injury	
19. UNDERTAKER Clyun E. attfur (Address)	24. Was diseasa or injury in any way related to occupation of deceased?	
20. FILED. 6/18, 34 Waltes My Sommy Registrat.	(Signed) Charles Durson (Address) A my will be	- y 5

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		5-6-16367-633-5/	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05750
1. PLACE OF DEATH	
County Calturare.	Registration Dist. No. 30
Village or City Baton serlle	No Horeno Er ove Hospitset Ward
2 (1)	death occupied in a hospital of institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long In U. S. if of foreign birth?yrs,mosds,
2. FULL NAME Charles Chanou	routh BC
(a) Residence: No. 2 800 Holling Ferry	Road Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
male white or voiced	21. DATE OF DEATH  (Month)  (Dey)  (Yeer)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Calkarno Sonlaw	22. I HEREBY CERTIFY, That I ettended deceased from
0-1-1	1 last saw h alive on Serve 1 4, 1934; deeth Is said
6. DATE OF BIRTH (month, dey, end yeer) 7. AGE Yeers Months Deys If LESS then	to heve occurred on the dete steted above, et 630 A m.
7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were es follows:
kind of work done, as SPINNER, Aniac clans	
9: Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	Cerebro Spenal Syphilis 3 mos
SAW MILL, BANK, etc.	The second second
spont in this	
year)	Other Contributary Causes of Importance:
12. BIRTHPLACE (city or town) Poalt C	
(Stete or country)	Cerebral Effresen 2 wks
13. NAME 14 CREOVOCK 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Neme of operation Dete of
(State of country)	Whet test confirmed diegnosis? Wes there en eulopsy?
15. MAIDEN NAME Le mith	23. If deeth wes due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT John Chanoweth Branch (Address) 2800 Holling Farre Rosel	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Place Date Date 16, 1934	Neture of Injury
19. UNDERTAKER Vary Ty withse (Address) 4/0/6 changes on Cue.	24. Wes disease or injury in any way related to occupation of deceased?
6 man de la company	If so, specify (Signed) (Signed) MD
20. FILED S. 13 Registrar.	(Address) Cacher or Co. 22
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	i	Example II			
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroentcritis	1 year		

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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item	sho	) jo	
). Every i	SICIVINS	atement	
ORI	HY	t st	
REC		Exac	
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of it	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCU	
IS A PE	stated E	properly	ertificate.
IIS	be	be 1	of c
NK-TF	plnods	it may	n back
ING II	AGE	o that	tions o
UNFAD	upplied.	terms, s	e instruc
VITH	ully s	plain plain	it. Se
CAINLY, W	ld be caref	DEATH in	IION is very important. See instructions on back of certificate.
E P	shou	OF	s vel
-WRIT	nation	CAUSE	LION i

for-state PA-

15. MAIDEN NAME

14. BIRTHPLACE (city or town)\_.

(State or country)

16. BIRTHPLACE (city or town) (Stete or country)

18. BURIAL, CREMATION, OR REMOVAL

17. INFORMANT (Address)

19. UNDERTAKER (Address)

FATHER

MOTHER

STATE OF MARYLAND	CERTIFICATE OF DEATH 05751
1. PLACE OF DEATH	<u> </u>
County Baltimore	Registration Dist. No.
Village or City ) Lugston Oart	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)  St., was death occurred in a hospital or institution, give its NAME instead of street and number)  St., was death occurred in a hospital or institution, give its NAME instead of street and number)  St., was death occurred in a hospital or institution, give its NAME instead of street and number)  St., was death occurred in a hospital or institution, give its NAME instead of street and number)  St., was death occurred in a hospital or institution, give its NAME instead of street and number)  St., and the street and number is a street
2. FULL NAME Baly Claricy	
(a) Residence: No. / ] [// Cuigstow Par (Usual place of abode)	ESt., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  5a. If married, widowed, or divorced HUSBAND of	21. DATE OF DEATH  (Month)  (Oay)  (Year)
(or) WIFE of June -1 - 1934	22. I HEREBY CERTIFY, That I attended deceased from, 19, to
6. DATE OF BIRTH (month, day, end year)	I last saw h; death is seld
7. AGE Years Months Days If LESS than I day,hrs. ormin.	were as follows: Or DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked et this occupation (month end specific properties).	Date of onset
work was done, as NILK MILL, SAW MILL, BANK, etc.	Junior
O IO. Date deceased last worked et this occupation (month end year) year)	
12. BIRTHPLACE (city or town) / Kingston Parke (State or country) Balto . 60.	Other Coutributory Causes of importance:
13. NAME Thomas J. Clancy	

Name of operation Date of ... What test confirmed diagnosis? ...... Was there en europsy? ..... 23. If death was due to external causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide?\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19.

Where did injury occur?\_\_\_\_\_ (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury\_\_\_\_\_ 24. Was disease or injury In any way related to occupation of deceasad?

If so, specify (Signed)\_\_\_\_

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	į	Example II		
The principal cause of death and related causes of importance were as follows:  Arterioselerosis  Chronic interstitial nephritis		The principal cause of death and related causes of importance were as follows:	Date of onset  1 week ago	
		Attack of epilepsy		
		Run over by street car	1 week ago	
RECEIVE	July 5,1927	Peritonitis	3 days ago	
JUL 6 4534				
Other contributory causes of importance:		Other contributory causes of importance:  Gastroenteritis	1 year	
	of death and related causes as follows:	of death and related causes as follows:  1915  phritis  1921  July 5,1927  causes of importance:	of death and related causes as follows:  1915	

## STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County Ballimore	Registration Dist. No.
Village or City Dundalk.	NoSt.,Ward
The state of the s	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	osds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME // yrlle Cola	rK.
(a) Residence: No. 18 E/7 Partalish	Rd St., Ward.
(Usual place of abode)	· If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SET 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Formall White OR DIVORCED (write the word)	(Month) (Dey) (Year)
a. If married, widowed, or divorced	(month) (bey) (rear)
HUSBAND of Gery WIFE of A 711 Block	22. I HEREBY CERTIFY, That I ettended deceased from
f.W. solars.	, 19, 19, 19, 19
DATE OF BIRTH (month, day, and year) 1895	I last saw h alive on, 19, death is sal
AGE Years Months Days If LESS than	to have occurred on the date stated above, at
7 M 1 day,hrs	The PRINCIPAL CAUSE OF DEATH end releted causes of Importance
31 ormin.	were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER,	
kind of work done as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this recentation (month and spent in this sec	I hundale & en
work was done, as SILK MILL,	forelation
SAW MILL, BANK, etc	
this occupation (month and spant in this year) ccupation	
Balt.	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	Severel Jugustar
(State or country) ned,	- View of
13. NAME George Purser	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Manthe Selellium	23. If death was due to external causes (VIOLENCE) fill in also the following:
in the	Accident, suicide, or homicide? Suscide Date of injury 6/6 19.3
15. MAIDEN NAME Martha Wellium  16. BIRTHPLACE (city or town) Balto  (State or country)	- 0 1N - 0
(State of County)	(Specify city or town, county and State)
17. INFORMANT W. Clark.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 3 2 7 Portalis Rd.  18. BURIAL, CREMATION OR BEMOVAL 7	- a some
0011-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Manner of Injury
Place Catally Coll Dept. 6 - 7 - 2 49	Nature of injury Sixtell gugular View
19. UNDERTAKER Weidell & Humphrey	24. Was disease or injury in any way telefed to occupation of deceased?
(Address) Brandway + Olives 81 1/	3 ltoo, specify D' H. Silly I had are
61 and a	(Signed) Laglarick 71 1 Dunda 4
20. FILED . Q 7 19 19 19 19 19 19 19 19 19 19 19 19 19	- Suam Coron

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

-WRITE PLAINLY mation should

M

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Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	DECEMBE	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephra	itis	1921	Run over by street car	1 week ago	
Cerebral hemorrhoge	JUL 8 1934	July 5, 1927	Peritonitis	3 days ago	
	REDEAL V.S.				
Other contributory causes of importance:			Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

The Osychopathic Ward of Baltimore Of Hospital
discharged the patient on 12 use 500 1934 and she
Time 00 1. I while her husband was swan I rous
I his home at work.

V. S. No. 1

STATE OF	MARYLAND—CERTIFICATE	OF DEATH
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11	5	7	F	-	)
61	U	0	U	P	)

I. PLACE OF DEATH	- B
County Dallo	Registration Dist_No.
Village or City Parkville	No. 7700 Old Harf. Rd, St., Ward f death occurred in a hospital or institution, give it NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Infaut Cla	la '
10 1 00 11/ 11	Aldu
(a) Residence: No. (Usual place of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
(White OR DIVORCED (write the word)	June 18 1934
5a. If marriad, widowed, or divorced	(Month) (Day) (Yaar)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That i attended deceased from
	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) 6/18/34	i last saw h alive on, 19; death is said
7. AGE Years Months Days O if LESS than	to have occurred on the data stated above, atm,
Stillborn Tollers	Tha PRINCIPAL CAUSE OF DEATH and ralated causes of importanca wera as follows:
8 Trade profession or particular	Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.	Still born locky about
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc.  10. Date deceased last worked at the occupation fronth and	3 mgs. austallian Rause
SAW MILL, BANK, atc.	usedatehmined. Watter had
and Spent in this	Leub of 1020
year) occupation occupation	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town)	
(Stata or country)	
13. NAME for Fred, Colofsein  14. BIRTHILAGE (city or town) Balto	
14. BIRTHPLACE (city or town) Salte	Name of operation Date of
(Stata or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Laura B. Schauber 16. BIRTHPLACE (city or town) Balto	23. If death was due to external causes (VIOLENCE) fill in also tha following:
5 16. BIRTHPLACE (city or town) Ballo	Accident, suicida, or homicide? Date of injury,19
∑ (State or country)	Where did injury occur?
17. INFORMANT John Fred. Colopein	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) Parsoville	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Clon prolety, 19	Nature of Injury
19 UNDERTAKEN Then Fred Clakeria	24. Was disease or injury in any-way related to occupation of deceased?
(Address) 7700 Old Hall Jac	if so, spacify
61.8 34 6 711 10	(Signad) (1. M.) Sacon M.D.
20. FILED 9 9 193 4 9 MIY Solitory	(Address) Parkerilla
Acgurar,	

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il	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

1. PLACE OF DEATH		<b>3</b>
CountyBaltimore	******************************	Registration Dist. No. 30
Village or City Catonsvi  Length of residence in city or town where deeth	lle	
	Child of James A	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DEVORCED (purite the word)	21. DATE OF DEATH  (Month)  (Month)  (Month)  (Month)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I ettended deceased from
5. DATE OF BIRTH (month, day, and year) Jur 7. AGE Years Months	Days If LESS than 1 day,	I last saw h elive on
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (years) spent in this occupation	Date of onset  Date of onset  Date of onset
12. BIRTHPLACE (city or town)Mary (State or country)	rland	Other Contributory Causes of importance:
13. NAME James A. Co	ollins	
14. BIRTHPLACE (city or town) Md. (State or country)		Name of operation
15. MAIDEN NAME Julia M. Mi	iller	23. If deeth was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)Md. (Stete or country)		Accident, suicide, or homicide? Date of injury, 19
I7. INFORMANT James A. Col (Address) Hilltop Rd. Cator 18. BURIAL, CREMATION, OR REMOVAL Place Oella Cem. D	sville, Md.	(Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Menner of injury  Neture of injury
19. UNDERTAKER Easton Sons (Address) Filicott		24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  M. B.
7/2 3/2	Registrar. s are newled, address State Registra	(Address) Address Company (Address) (Address) (Address) (Address) (Address Company (Address) (Ad

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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### STATE OF MARYLAND—CERTIFICATE OF DEATH

1	. PLACE OF	DEAT	гн			
	County		Baltimor	e		Registration Dist. No. 20
M	Village or Ci	ity	Catonsvi	lle		NoSt.,Ward
	Length of resid	denca in cit	y or town where	death occurred		death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2						& Julia M. Collins Twin # Z
			Hilltop			St., Ward.
_				(Usual place	of abode)	If nonresident give city or town and State
				ICAL PART		MEDICAL CERTIFICATE OF DEATH
3. 3	Male		r or race ite	s. single, mar or divorce Sing	RRIED, WIDOWED, D (write the word) S16	21. DATE OF DEATH  (Month) (Day) (Year)
5a.	If marriad, widowe HUSBAND of	ed, or divor	rced			22. I HEREBY CERTIFY, Thet I attended deceased from
	(or) WIFE of					19,to
6. I	DATE OF BIRTH	month, dey,	, and year)	June 15.	.1934.	I lest saw h; death is said
7. /	AGE Yeer	rs	Months	Days	If LESS then	to heve occurred on the date stated above, et. 7 a 30A an.
			-		1 dey,hrs.	Tha PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
NO	8. Trede, profes kind of w SAWYER,	sion, or per ork dona, e	rticuler es SPINNER,			
OCCUPATION	9. Industry or b	usiness in	which			A J T T T T T T T T T T T T T T T T T T
CUP	work wes SAW MILI	done, as Si L, BANK, et	ILK MILL,			Almit mor
Ö		etion (mon	th end	sp3	ime (yaers) nt in this	Cause Hulm
					upation	Dther Contributory Causes of importence;
12.	BIRTHPLACE (city		Maryl	and		
2	(Stete or coun		Tames A	Collins		
FATHER						
FA	(State or		wn)AQ			Name of operetion
ER	15. MAIDEN NAM	ΛE	Julia M.	Miller		What test confirmed diagnosis?
MOTHER	16. BIRTHPLACE	city or toy	wn) Md.			Accident, suicide, or homicide? Dete of injury
Σ	(Steta or					Where did injury occur?
	(Address) H	illto	p RL Ca	Collins		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATI Place Qe	DN, OR RE	em.	Dete June	e 16 <sub>19</sub> 34.	Menner of Injury
19.	UNDERTAKER (Address)	Easto El	n Sons C	ity Md.	on	24. Was disease or injury in any way related to occupetion of deceased?
20.	FILED O	51	34 7	Ush	Registrar.	(Signed) M. D. M.

V. S. No. 1

If more blanks are ne ded, address Seate Registrar, 241x N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

on

portant

very

I HEREBY CERTIFY. That I attended deceased from What tast confirmed diagnosis?\_\_\_\_\_ Was there an autopsy?\_\_\_\_ If more blanks are needed, address State Registrar, 22xx N. Charles Street, Baltimore, Requesting U. S. No. x.

CCC should

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
FRECEIVED			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V S.	1.84		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	758
1. PLACE OF DEATH			100
County Baltin	ose	Registration Dist. No. 33	} .
Village or City Owings in	: 11	No. Prewood State Training Schoo	0
Village of City Court Programme	(lf	death occurred in a horpital or institution, give its NAME instead of street and	number)
Length of residence in city or town where death	occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsm	osds.
2. FULL NAME John	, Culotta		
(a) Residence: No. 1222	St. watter S	St. Ward.	
Baltimore md		If nonresident give city or town and	State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day)	, 193 4
5a. If married, widowed, or divorced HUSBAND of			(Year)
(or) WIFE of		22. I HEREBY CERTIFY, That I ettended  22. 1934 to June 1	deceesed from
6. DATE OF BIRTH (month, day, and year)	5,1122	I last saw h him alive on June 1 1934	_: daath is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 6:250 m.	
11 7	26 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
2 8. Trade, profession, or particular San	nate: Rosewood	were as follows.	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	te-Transing	messles (Kubeola)	5/28/34
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or businass In which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at	ol; owings		7
10. Date deceased last worked at this occupation (month end year)	11. Total tima (years) spent in this occupation		
12. BIRTHPLACE (city or town) Baltin	ore, and	Other Contributory Canses of importance:	
(State or country)		Broncho - Tneumonea	5/30/34
13. NAME Salvatore ( 14. BIRTHPLACE (city or town) a talk	ulolla		
14. BIRTHPLACE (city or town) & Calle	1	Name of operation Date of	reo
(Stata of country)		What tast confirmed diagnosis? Clinical Was there and	sulopsy?
15. MAIDEN NAME Grace &	Cinando	23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME Grace M	0	Accident, suicide, or homicide? Date of injury	
∑ (State or country)	1	Where did injury occur?	, 17
17. INFORMANT Institutional (Address) Rosewood State 1)	Records	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PL	e) ACE,
18. BURIAL, CREMATION, OR REMOVAL	and the second	Manage of Injury	
- Marie Vila	ate unl 4 1934	Manner of injury	
19. UNDERTAKER Wondell 9, d	Pippel	24. Was disease or injury In any way ralated to occupation of daceasad?	Ko
(Addiass) 3 8 3. Selly		If so, specify	
20 51150 = 3 703 4	to Medical	(Signad) George C, medaing	M. D.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Ballimore	Registration Dist. No. 35
Village or City Wiseburg	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME Still Born Va	W.
(a) Residence: No.	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of And marced.	22. I HEREBY CERTIFY. That I atlanded daceased from  June 2 1934 to June 2 1934
6. DATE OF BIRTH (month, day, and year) June 2-1934	I last law h alive on
7. AGE Years Month's Days If LESS than	to have occurred on the date stated above, at 10,30 a.m.
Still Bone - Iday, - hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Trade profession or particular	Data of onset
SAWYER, BOOKKEEPER, etc.	Det 1
9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc	All Dom
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date dacaased last worked at this occupation (month and spent in this	(3/2 mo Listalia)
year) spart in this occupation	
12. BIRTHPLACE (city or town) Wiseburg	Other Contributory Causes of Importance:
(State or country) 1 Manyland	
13. NAME Gurnen albert do av.	
14. BIRTHPLACE (city or town) Maryland.	Name of operation Date of
(State of County)	Whet tast confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) - Mary and	23. If death was due to external causes (VIOL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Maryland.	Accident, suicide, or homicide? Date of injury19
∑ (State or country)	Where did injury occur?
17. INFORMANT Beulah M. Day (Addrass)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place Marching Date June 3 , 1934	Nature of Injury
19. UNDERTAKER Surgeon a Day (Addrass) This hills Wase and	24. Was diseese or injury in eny way ralated to occupation of deceased?
20. FILED J. 3. 1984 Chrester & Galler Registrar.	(Signed) J Lyagle: M. D.  (Address) New Freedom Par
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
THE REAL VOICE			
Other contributory causes of importance:		Other contributory causes of importance:	
		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state CORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH  County Baltimore			Registration Dist. No.	5760
,	Village or City Catom	sville	ND 323 Harlem Laul St., If death occurred in a hospital or institution, give its NAME instead of street and st	
2.	FULL NAME Mary (a) Residence: No. 323 H	atherine Dona	sds. How long in U.S. if of foreign birth?mc St.,Ward.	
	PERSONAL AND STATIST	(Usual place of abode)	If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
. SE	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)	, 193
	f married, widowed, or divorced HUSBAND of (or) WIFE of  ATE OF BIRTH (month, day, and year)  SE Years Months	19/1823 Days, If LESS than	22. I HEREBY CERTIFY. That I attended  7. 1954, to June 15  I lest saw h. 22 alive on June 15, 1934  to have occurred on tha date stated above, at 7. 20 P.m.	, 19.A.£
	8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.			Date of onse
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total time (years) spent in this	Chemic January mater Mexicules	74.
	yaar)  BIRTHPLACE (city or town)  (State or country)	more Med	Other Contributory Causes of importance:  Cefus atrus for Dente Offindrests	
	13. NAME MM S. DOZ	raldson	or Unamen.	24 h
	14. BIRTHPLACE (city or town) Ellic (Stata or country)	set City. Med	Name of operation Officer during Date of T What test confirmed diagnosis? Use Was there are a	-
15. MAIDEN NAME Mildred Carpenler  16. BIRTHPLACE (city or town) Ballmore Middles Carpenler  17. INFORMANT Mr. Mildred Carpenler  (Address) 323 Harlun Lah  18. BURIAL, CREMATION, OR REMOVAL PIECE OUR MAKE Date June 18, 1934  19. UNDERTAKER (Address) 802 Marien are  (Address) 802 Marien are  20. FILED 18, 1934 Aggistrar,			23. If daath wes dua to axternal causes (VIDLENCE) fill in also the following Accident, suicide, or homicide?	:
			Manner of Injury	
			24. Was disease or Injury In any way related to occupation of deceased?	M.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mcchanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

2216 Saminon Bend

3. SEX

7. AGE

OCCUPATION

FATHER

MOTHER

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Vs. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.\_\_\_

9: Industry or business in which work was done, as STLK MILL, SAW MILL, BANK, etc.

10. Oate deceased last worked at this occupation (month and

year) \_\_\_\_\_

14/BIRTHPLACE (city or town (State or country)

16. BIRTHPLACE (city of town)

18. BURIAL, CREMATION, OR REMOVAL

(Stata or country)

12. BIRTHPLACE (city or town (State pricountry)

15. MAIDEN NAME

13, NAME

17. INFORMANT

19. UNDERTAKER

(Address)

(Address)

A. te	STATE OF MARYLAND—CERTIFICATI	E OF
sta UP.	1. PLACE OF DEATH	
S H S	County Dalfayror	Re
em shou	Village or City Calonsvillo No.	
= 0	(If death occurred in a horpital or it	nstitution, giv
NS ut	Langth of residence in city or town where death occurred	if of foreig
Eve	2. FULL NAME Sensietta Esmondson	Lenn
D. SIG	(a) Residence: Not wal Amsung Home St., Ward.	Balt
2 2 3	(Usuel place of abode)	If

PERSONAL AND STATISTICAL PARTICULAR

Months

4. COLOR OR RACE

05761

DEATH

	(93-c_)	A			
e an	Registration Dist. No.	9			
villo No. St. W					
1/	f death occurred in a horpital or institution, give its NAME instead of street and	number)			
eath occurred	R	nosds.			
illa Com	mondson Lennox St. M. Mit	Royal			
(Usual place of abode)	St., Ward. Baltmand Md. If nonresident give city or town an	d State			
CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	1/.			
OR DIVORCED (write the word)	(Month) (Day)	, 193 (Vaer)			
		(rear)			
	1 HEREBY CERTIFY, That I attended				
lat 10x0	Jun 1928, 10 Jun 14	, 1934			
2000 1857	Hast saw her alive on June 12 , 1937	; death is said			
Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at				
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:	Date of onset			
Anne.	1				
1000	my ocar dilis	6 years			
11. Total time (years)	-				
11. Total time (years) spent in this occupation					
- 19 0 1/4	Other Coutributory Causes of importance:	and the second			
word on a flat	arterio plerono	- 2			
2//	- ayarsi period	/			
Camendo on					
ors Dalong	Name of operation Date of				
may'	What test confirmed diagnosis? Was there an	au'opsy?			
( sove	23. If death was due to external causes (VIOLENCE) fill in elso the following	ng:			
The state of	Accident, suicide, or homicide?, Date of Injury, 19				
6900 A	Where did injury occur?				
Camond sove	Specify city or town, county and St.  Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC P	LACE.			
Alay of					
1 11 51	Manner of Injury				
Dato Serry 16, 1034	Nature of Injury				
Cook	24. Was disease or injury In any way related to occupation of deceased?	leo			
tome of a	If so, specify				
to auchous	(Signed) with meers tost	м. D.			
Registrar,	(Address) 20 S. Preston M-	-			

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	and the same of th	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street ear	1 week ago
Cerebral homorrhage	July 5, 1927	Peritonitis	3 days ago
3,1924			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH
B. A.	Call a Posistration Dist No.
Village or City accorage mails, md.	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME plorence Elliott	ds.
(a) Residence: No. Pitteville, Md. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Single	21. DATE OF DEATH  (Month) (Dey) (Year)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22.   I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end yeer) May 28, 1905	1 last saw has elive on June 10, 1934; deeth is seld
7. AGE Yeers Months Oays If LESS than I dey, 2 hrs.	to have occurred on the date stated above, at 6:30A m.  The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:
9 Trade profession or positivity	1. Intestinal Suberculosis Date of enset unknown 2. Is condary anemia. "
S. Frade, professing, or particular services wind of work done, as SPINNER, Sumate, Rouwoodl  S. Hodustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceesed lest worked at this occupation (month and this occupation (month and this programme).	, continue C.
10. Date decesed lest worked at this occupetion (month and yeer)	
12. BIRTHPLACE (city or town) Pettaville, Md.  (Stete or country)	Other Contributory Causes of Importence:
13. NAME Robert Elliott	
13. NAME Koherh Elliott  14. BIRTHPLACE (city or town) luknowa).  (State or country) Maryland.	Name of operation horse Clinical Teigensen Date of What test confirmed diagnosis? Was there an europsy? Les.
15. MAIDEN NAME ROCIE Brown.	23. If death wes due to external ceuses (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Rosie Brown.  16. BIRTHPLACE (city or town) Lanknown.  (State or country) maryland.	Accident, sulcide, or homicide? Dete of injury, 19
17. INFORMANT Inetitational Records.  (Address) Chorage Mille med.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Piece Date Date June 13 , 1924	Manner of injury
19. UNOERTAKER 2 Money 2 Wells:	24. Wes disease or Injury In eny way releted to occupation of deceased? >20.
20. FILEO June 12, 1932 It wishers	(Signed) Harry G. Buller M.D.  (Address) Clevings Mills, Ind.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i	Example 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
	- E 1 W	ED		
Other contributory causes of importance:	4 3 18	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		· ()		
	1 1 1 1 1 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1	Panagaryangan		

	Village or City atousvalle	Registration Dist. No.
	1/_1	(If death occurred in a horpital or institution, give its NAME instead of street and number) os. ds. How long in U.S. if of foreign birth?  yrs. mos.
	2. FULL NAME Clube M. Flor (a) Residence: No. 2.8 Milital Clube. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	4. COLOR OR RACE S. SINGLE MARRIED, WIDOWED, OR WIYORCED (week the word)	21. DATE OF DEATH  (Month) (Day) (Year)
58	a. If married, widowed, of divorced HUSBAND of (or) WIFE of Louise W. Floyd	22. 1 HEREBY CERTIFY. That I attended deceased from 19.33 to June 26 19.33
6.	DATE OF BIRTH (month, day, and years) 20	I fast saw thin alive on June 26 , 1934; death is sa
6. 7.	AGE Yaars Months Days If LESS than 1 day,hrs	to have occurred on the date stated above, at 705 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
	8 Trada, profession, or particular	were as follows:  Date of onse
ATIO	sawyer, Bookkeeper, etc	Carcinoma flomoch Oct. 1
OCCUPATION	SB3H1 II IIIs	Myo corretto y Myocordial Inter
IER I	2. BIRTHPLACE (city or town) A Mary's Constitution (State or country)	Other Contributory Causes of importance; - arterior Sellerorio maken
ER	13. NAME LOD dissers of Florid	
FATH	14. BIRTHPLACE (city or town) Af Marys Co	Name of operation
上	(State or country) marce luces	What test confirmed diagnosis? Was there an au'opsy?
MOTHER	16. BIRTHPLACE (city or town) Marking 6	23. If death was due to external causas (VIOL ENCE) fill In also the following:
4 1	(State or country) Man law	Accidant, suicide, or homicide?, 19, Where did injury occur?, 19
17	7. INFORMANT auce Floy d.  (Address) Milrore at Catousiell	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
19	BURIAL, CREMATION, OR BEMOVAL Place Place 29, 1934	Manner of Injury
19	O. UNDERTAKER Castow Sous	24. Was disease or injury in any way related to occupation of deceased? 20
20.	D. FILED TO 13 PH Julien TRegistrar.	(Signed) Grage Co Bosel M. (Address) Munistralia M.

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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Example I	i	Example 11	
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HEWEAT V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones May 1		Gastroenteritis	1 year ·

ADDITIONAL SPACE	FOR FURTHER	STATEMENTS	BY	PHYSICIAN
------------------	-------------	------------	----	-----------



1. PLACE OF DEATH	F MARYLAND—	23	764
County Ballen	ine	Registration Dist. No. 3	
Village or City Owing	mills, hed	No. Rosewood State Training School death occurred in a hospital or institution, give its NAME instant of street and n	Ward
Length of residence in city or town where d	leath occurred 2 6 yrs. // mos	s. 25 ds. How long in U.S. if of foreign birth?	osds
2. FULL NAME Claren	se L. Souls	es	
(a) Residence: No. Queen	(Usual place of abode)	St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  June 3  (Month) (Day)	, 193 🚣
5a. If married, widowed, or divorced HUSBANO ot	0		(Year)
(or) WIFE of		22. I HEREBY CERTIFY, That I attended of	deceased from
6. DATE OF BIRTH (month, day, and year)	nay 8, 1898	Had saw him alive on June 3 , 1934	; daath is said
7. AGE Years Months	Oays If LESS than	to have occurred on the date stated above, at 1:0 60. m.	
36 0	25 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular	4 0	400 40 1010	Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	tate Training		
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	hool Ournes	Julmonery Interculoses	1/19/34
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	le tred,		
	II. Total time (years) spent in this	The state of the s	
yaar)	occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Luciesa_ (State or country)	anne Co., Ind		
13. NAME Malter 5.	Toulko		
13. NAME Nalter S.  14. BIRTHPLACE (city or town) - Quels	6 101	Name of operation World Date of	
(State or country)	a converte the	(C) ' ()	20
15. MAIOEN NAME	now		
16. BIRTHPLACE (city or town) Juse		23. If death was due to external causas (VIOLENCE) fill in also the following:	
O 16. BIRTHPLACE (city or town).	on assue Co. mil		, 19
Institutionia	Poendo : Roserros	Where did injury occur? (Specify city or town, county and State	.)
(Address) State Fraction	J School , owing	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL Place Manahath M.	Oate June 6 , 1934	Manner of injury	
19. UNDERTAKER J. F. Cleris &	Sons	24. Was disease or injury In any way related to occupation of decaased?	w
(Address) Meustustous	THU	If so, specify	
20. FILEO June 3, 1934 1	TeleColles Registrar.	(Signad) George (C. me Lavry) (Address) Ownson mill In	M. D
If more I	blanks are needed, address State Registrar	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

V. S. No. 1

STATE OF MARTLAND	CERTIFICATE OF DEATH
1./PLACE OF DEATH	82:0
County Dathurors	Registration Dist, No.
Village or City Catousville	No. areus ave st. Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in all of town where death occurredyrs	ds. How long In U.S. if of foreign birth?yrs,mosds.
2. FULL NAME Growing . Tr	ederecks of thomas
(a) Residence: No. Lroys	St., Ward. Clucal City Med.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  1. COLOR OF PACE   S. SINGLE NARRIED, PIDOWED,	MEDICAL CERTIFICATE OF DEATH
OR DVORGED (guille the word)	June 20 193 4
place printer	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
Chille redeves	June 10 ,1994, 10, June 20, 19 31
6. DATE OF BIRTH (month, day, and year)	Plast saw half alive on Sund Zo , 19 30, death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, a
(9 3 1 0 # 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Z 8. Trade, profession, or particular	A
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Jere Oral Vrinoviky & Smo
O 10. Date deceased last worked at 11. Told time (years)	
O this occupation (month and spant in this occupation	
SIDERING OF CHANNEL SIDE	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Mary laved	Ortera Zelerone -
13. NAME Ckres that Slipkermull	d
14. BIRTHPLACE (city or town)	Name of operation. Date of
(State or country)	What test confirmed diagnosis? Olem, and Was there an au'opsy? &
15. MAIDEN COMPLEX atech Middle aus	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN (MILES at the Middle aug	Accident, suicide, or homicide?
(State pg coppiry) Accuracy	Where did Injury occur?
17. INFORMANT Christy C. Frederick	Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Sleent Oet	
18. BURIAL, CREMANION, OR REMOVAL	Manner of Injury
Place I Milly My Date Mill 2019 3"	Nature of Injury
19. UNDERTAKER Caston Stars	24. Was disease or injury in any way related to occupation of deceased?
(Address) Cleritile	If so, specify
20. FILED 6/2.3 1934 Heles	(Signed) Rueg / letowiel M. D
Registrar.	(Address) Lalous viele No
If more dank or headed, address State Registrat	7, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago	
BUREAU V				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

certificate.

See instructions on back of

TION is very important.

19. UNDERTAKER

(Address)

should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH 115760
1. PLACE OF DEATH	- Ma
County Daflinors	Registration Dist. No. 30
Village or City Catouavalle	No. 17. 699 estable St., Ward death occurred in a horpital for institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Tachel G. Free	1 Howard Co.
(a) Residence: No. Selfative frame (Usual place of abode)	St., Ward. State Office of the State Office of
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DAVORCED (write the word)  5a. If married, widowed, or divorced	21. DATE OF DEATH  (Month)  (Day)  (Year)
HUSBAND of (or) WIFE of Jacob Frey 1864	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h_ de elive on
7. AGE Years Months Deys If LESS than I day,hrs.	to have occurred on the date stated bove, of
COVORY 10 or min.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Fractured Right Hil Jane 10
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (more) and this occupation (more) and the same in this programment in the same	Fell down 2 stop
10. Date deceased last worked 3 3 If. Total time wears this occupetion (mooth and 3 pent in this year)	
12. BIRTHPLACE (city or town) / Howard Co	Other Centributery Cansea of Importence:
(State or country) Mary lave	ah hy ocarality 2 gr
13. NAME  14. BIRTHPLACE (city or town) Most	
14. BIRTHPLACE (city or town) Moch	Name of operation Date of
(State of country) survey warming	What test confirmed diegnosis? Was there en au'opsy?
15. MAIDEN NAME Pachel Clark	23. If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Rockel Clark  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Oscisses Date of Injury Just 13, 19.3.4.  Where did injury occur? Less Home
17. INFORMANT Mis Robert L. alcom	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
Place JAMUS Cu Date July 17, 1936	Manner of Injury Fall day 2 slots  Nature of Injury Frantis & Rt Hel

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

13

Registrar.

If so, specify

(Address) ...

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Chronic interstitial nephritis	. 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUDEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement

properly classified.

### TATE OF MARYLAN HEALTH DEPARTMENT

		CERTIFICATE OF	DEATH (5
PLACE OF	DEATH.Baltimore C	county.	1

Registered No. Co. (If death occurred in a hospital or institution, give its NAME instead

CITY OF BALTIMORE: (No. Ward)

of street and number.) Length of residence in city or town where death occurred ... ds. How long in U.S. If of foreign birth? yrs mos ds.

(If non-resident give city or town and State)

(a) Residence: No..... (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4 Color or Race 5. Single, Married, Widowed, or Divorced (write the word) rund 1 dimiel 5a. If married, widowed, or divorced HUSBAND of Loure (or) WIFE of 6. DATE OF BIRTH (month, day, year) If LESS than 7. AGE Years Months Days 1 day .....hrs. or min.

importance were as follows:

.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc .. 9. Industry or business in which

work was done, as siik mill, saw mill, bank, etc.. 10. Date deceased last worked at 11. Total time (years)

spent in this this occupation (month and occupation ... 12. BIRTHPLACE (city or town)...

(State or country) 13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME 16. BIRTHPLACE (city or town)

(State or country) 17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL 25 Date - 13 19 34

19. UNDERTAKER LAD (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) . 19 84 I HEREBY CERTIFY. That I attended deceased from

to have occurred on the date stated above, at. The principal cause of death and related causes of

Date of onset

Other contributory causes of importance:

Prostecting Date of Name of operation ... What test confirmed diagnosis? ...... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following Accident, suicide, or homicide? Date of injury 19

Where did injury occur?.. (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? Mar so, specify

(Signed)... (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Examples:

Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year

HEALTH DEPARTMENT—CITY OF BALTIMORE CERTIFICATE OF DEATH 1—PLACE OF DEATH REGISTERED NO. (If death occurred in a hospital or institu-CITY-OF BALTIMORE: (Neas WARD) tion, give its NAME Country instead of street and 2-FULL NAME number.) (a) RESIDENCE NO. WARD (Usual place of abode) (If non-resident give city or town and State) yrs. O mos. How long In U. S., if foreign birth? Length of residence in city or town where death occurred ds. YIS. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE | 5 Single, Married, Widowed, 3 SEX 16 DATE OF DEATH (month, day, and year) or Divorced, (write the word) CERTIFY, That I attended deceased from 5a If married, widowed, or divorced HUSBAND of (or) W1FE of that I last saw h. ....alive on. 6 DATE OF BIRTH (month, day, and year) and that death occurred, on the date stated above, at. If LESS than 7 AGE Years Months Days The CAUSE OF DEATH\* was as follows: 1 day,....hrs. or....mln. 8 OCCUPATION OF DECEASED (a) Trade, profession or House duties particular kind of work... (b) General nature of Industry, business, or establishment in which employed (or employer).. (Secondary) (c) Name of employer ... (duration) 18 Where was disease contracted 9 BIRTHPLACE (city or town) (State or country) If not at place of death? Did an operation precede death? LO Date of 10 NAME OF FATHER Was there an autopsy?. 11 BIRTHPLACE OF FATHER, (city or town What test confirmed diagnosis (State or country) Willams 12 MAIDEN NAME OF MOTHER (Address) 13 BIRTHPLACE OF MOTHER (city \*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse slde for additional space.) mation OF DE (State or country) 14 19 PLACE OF BURIAL, CREMATION OR RE-DATE OF BURIAL (Address) ADDRESS

[Approved by U. S. Census and American Public Health Assn.]

man, etc. But in many cases, especially industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or inwho have no occupation whatever, write None. indicated thus: Farmer (retired, 6 yrs.). For persons EASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be has been changed or given up on account of the DISpersons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation wife, Housework or At home, and children, not gainreceive a definite salary) may be entered as Houseof the household only (not paid Housekeepers who "Dealer," etc., without more precise specification, as Day Laborer, Farm Laborer, Laborer—Coal Mine, Never return Foreman, (b) Automobile factory. The material worked on may form part of the second statement. vided for the latter statement; it should be used Locomotive Engineer, Civil Engineer, Stationary Fire-Farmer or Planter, Physician, Compositor, Architect, word or term on the first line will be sufficient, e. g., The question applies to each and every person, irrespective of age. For many occupations a single healthfulness occupation is very important, so that the relative be taken to report specifically the occupations of fully employed, as At school or At home. Care should Statement of Occupation .- Precise statement of when needed. As examples: (a) Spinner, Cotton mill; (a) Salesman, (b) Grocery; (a) Women at home, who are engaged in the duties and therefore an additional line is of various pursuits "Laborer," "Foreman," "Manager," can be known. pro-

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid the use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of the lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of . . . . . . (name origin

Example: Measles (disease causing death), 29 ds.;
Bronchopneumonia (secondary), 10 ds. Never report
mere symptoms or terminal conditions, such as "As
thenia," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility,"
("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition,"
"Marasmus," "Old Age," "Shock," "Uræmia,"
"Weakness," etc., when a definite disease can be astion. "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough, the head of "Contributory." (Recommendations on statement of cause of death approved by Committee sulting from child birth or miscarriage as "Puerperal septicemia," "Puerperal peritonitis," etc. State certained as the cause. Always qualify all diseases re current) affection need not be stated unless important nephritis, etc. Chronic valvular heart disease; on Nomenclature of the American Medical Associa-Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and conamples: Accidental drowning; Struck by railway train ably such, if impossible to determine definitely. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, HOMICIDAL, or as probsequences (e. g. sepsis tetanus) may be stated under cause for which surgical operation was undertaken accident; Revolver wound of head-homicide; The contributory (secondary or inter-Chronic interstitial

ADDITIONAL SPACE FOR FURTHER STATEMENTS



V. S. No. 1

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OCCUPA-

of

certificate.

See instructions on back of

TION is very important.

	CERTIFICATE OF DEATH U5769
2. I EACE OF BEATH	ree/ Green
County Paltimore	Registration Dist. No.
Village or City Ruston	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. i1 of foreign birth?mrsmosds.
2. FULL NAME menie Frankl Green	
(a) Residence: No. Ruston hil	St., Ward.
(Usuai place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Indust	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. if married, widowed or divorced HUSBAND of Granc Carrington Green  (or) Wife of Granc Carrington	22. I HEREBY CERTIFY, That I ettended deceased from
0.18-10/0	77-4 , 19 , to 1904 , 1934
6. DATE OF BIRTH (month, day, and year) Fully 186 9 7. AGE Years Months Days If LESS than	I last saw h.c. alive on , 19.3 4; death is said to have occurred on the date state above, at 10.2 A.m.
7. AGE tears winted bays if Less than 1 day,hrs. orhrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chrone Ingoconditis 1926
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
SAW MILL, BANK, etc  10. Date deceased last worked et this occupation (month and year)  11. Total time (years) spent in this occupation occupation	
12. BIRTHPLACE (city or town) Denville. 1.	Other Contributory Causes of importance:
(State or country)	aux Palmonous Ordena Jan 198
13. NAME Thomas E. FELLA!	
14. BIRTHPLACE (city or town) Pirgins (State or country)	Name of operation Date of What test confirmed diagnosis? Clinical Was there an autopsy? In
15. MAIOEN NAME Macy Franser	23. Il deeth was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
17. INFORMANT A Rutton MA	Where dld injury occur?  (Specify city or town, county and State) Specily whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Danville a. Date June 9, 1934	Nature of injury
19. UNDERTAKER LOGING MY Trukins of my Co.	24. Was disease or injury in any way related to occupation of deceased? ho
(Address) McCullot + On charte to	(Signed) M. D. M.
20. FILED MARY 0 , 19 0 7 TSuller	(Address) Ruston his

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JIL 8 1934			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

FOR

MARGIN RESERVED

No.

PLACE OF DEATH  County Balto		STATE OF M	
	.~	Registration I	Dist. No. 38
Village or City Jourson (No	5. G	38 Park age Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICI	JLARS	MEDICAL CERTIFICATE C	OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCE! (Write the word	Edward	16 DATE OF DEATH (Month)	28, 1984. (Day) (Year)
6 DATE OF BIRTH  Oct 2 nd  (Month) (Day)	, 1814 (Year)	Telmany 1933 to ga	ended the deceased from
79 yrs. 8 mos. 26 de	If LESS than I dayhrs. ormin.?	and that death occurred on the date stated The CAUSE OF DEATH * was, as follows:  A leno & lenosis	above, at 4:45 P. m.
(a) Trade, profession or gardens (b) General nature of industry Estate (b) General nature of industry Estate (c) Business, or establishment in Buy V. Ru (c) Ru	dgely		yre inos de.
9 BIRTHPLACE (State or country) Cockeys ville 10 NAME OF FATHER Wolliam 7. G	Med.	Secondary	www.mosds.  M. D.  When M. C.
OF FATHER (State or country) Christiant Ridge 12 Maiden Name	and .	*State the Lisease Causing Death, Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	
OF MOTHER Vulca a. Ca  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWL	EDGE	ients or Recent Residents)  At place In the of death yrs description de.  Where was disease contracted, it not at place of death.	yrsmosds.
01. 0 0	voon Me	Balto do ma.	DATE OF BURIAL VILLY 121, 1934
Filed June 29 197 Mup Bu	Registras	20 UNDERTAKER  WIN COOK 1217 S	- Paul St
If more banks are needed, addre.s	Ltate Kegistrar	r, 16 W. Saratoga St., Balto., Requesting V. S	

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Sulesman. additional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is necescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. r," etc., Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material For persons who have no occupation (a) the kind of work and also (b) the (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> letanus) may be stated under the head of "contributory." and qualify as accidental, suicidal or Homicidal, or as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondar or intercurrent) affection need not be st-ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by taken. FOR VIOLENT DEATHS state MEANS OF INJULY can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. The contributory Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	infor- state UPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 05771
		1. PLACE OF DEATH	1070
24	should f OCC	County dellinge County	Registration Dist. No. 30
171	short of O	Village or City Calonsulle	No. Spring Stone State Stoffward death occurred in a horpital of institution, give its NAME instead of street and (number)
	- W - /	Length of residence In city or town where deeth occurredyrsmos.	ds. How long in U.S. if of foreign birth?
	Evel MAI	2. FULL NAME Lloyd 7. Stoe	ian.
	0 3/	(a) Residence: No. Belais Road Fulls	low Moward.
		(Usual place of abode)	If nonresident give city or town and State
-	KECC PF Exact	PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE   S. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
	T X E	OR DIVORCED (write the word)	21. DATE OF DEATH June 27
16	T L ed.	5a. If married, widowed, or divorced HUSBAND of 2	(Month) (Day) (Year)
BINDIN	ANEN ACTI ssified.	HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, That I attended deceased from
Z	KM X cla	2/22/21	June 23 ,1934, 10 June 27 ,1934
1	PE E	6. DATE OF BIRTH (month, day, and year) 3/22/03 4- 7. AGE Years Months Days If LESS than	Wast saw ham alive on June 37 , 1934; deeth is said
OR	IS A PE stated E properly certificate	27 2 5- 1 day,hrs.	to heve occurred on the date steted above, at 75 P. m. The PRINCIPAL CAUSE OF DEATH and related causes of importence
F	Sta sta pro	8. Trade profession or particular	were as follows:
Q	HIS be be of	sawyer, BOOKKEEPER, etc. + armer	
RESERVED	K—Thould thould back	9. Industry or business in which work was done, as SILK MILL,  SAW MILL, BÄNK, etc	Bronchial Freemorie 6-23-3
臣	INK-sho	SAW MILL, BANK, etc	(Primary)
图		10. Dete deceased last worked et this occupation (month and me year) occupation occupation occupation	0
	NFADING pplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) Dorth Caroline	Other Contributory Causes of importance:
ARGIN	AD sd.	(State or country)	Unclassified Princhases Inch
IR(	UNFA supplied n terms, ee instri	13. NAME John Srygan	Living.
MA	t the	13. NAME John Granding  14. BIRTHPLACE (city or town) Morth Caroling.	Name of operation
-	Haria .	(State of Country)	What test confirmed diagnosis? Lling Sugno Was there en au'opsy? Ma
V		15. MAIDEN NAME Mya Spaces  16. BIRTHPLACE (city or town) Math Cowles of Control of Cont	23. If death was due to external causes (VIOLENCE) fill in also the following:
	car rr rr sorts	of 6. BIRTHPLACE (city or fown) Albach Covered Common (State or country)	Accident, suicide, or homicide?
	PLAINLY, thould be call OF DEATH very import	m. n. 44	Where did Injury occur? (Specify city or town, county and State)
	S PLA should OF D	(Address)	Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
		18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
		Place Character tell Date dely 1, 1954	Nature of Injury
П	-WRITTE mation s CAUSE TION is	19, UNDERTAKER from Cork	24. Wes disease or injury In any way related to occupation of deceased? 76
No.	B	(Address) Balto Syl	If so, specify
20	- (T	20, FILED 6/27, 192, 20 She	(Signed) James a Larry M. D.
	7	Registrar.	(Address) Calonsulla L. 274.
		If more black tenting white Sugre Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Patient entered This Hospital with a psychonic listory of Beriodic alcoholists also history of actachs action of actachs which Psycholic episable chas promise regressione psycholic which Psycholic episable chas promise of time of death is questionable.

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Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
THE PART OF THE PA			
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year
		IL. Control of the co	

M. D. B. 1268-9		

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD. Every item of infor-N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH 15773
1. PLACE OF DEATH	43-c
county Forry Hell Baltimore	Registration Dist. No.
Village or City Perry Hall	NoSt., Ward If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmo	sds How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME John C. / Valle	A
(a) Residence No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH ()
Male Mite OR DIVORCED (write the ford)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(extend Catherine Halvery	I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) form. 30th 1854	last saw have alive on 19.3 4; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 8 30 Cm.
80 4 6 1 day,hrs	THE TRINCH AL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Chair meralts our
SAWYER, BOOKKEEPER, etc.	atens ochestrio 3 mm.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and second by the second by th	
10. Date deceased last worked at this occupation (month and year) spent in this occupation	
Both Co.	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	On Tod John Shat Iday
II 13. NAME ohn Halbert	
14. BIRTHPLACE (city or town)	Name of operation. Oats of
(State or country) (helgand	What test confirmed diagnosis? What test confirmed diagnosis? What there an autopsy? Not
15. MAIDEN NAME Shyabeth Todoms	23. If death was due to axternal causes (VIOLENCE) (II) in also tha following:
15. MAIOEN NAME Stylett Admins 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
State or country) Selemmare	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT M 100 Surve of albert	Specify whether injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 6 amp to frapal officer fund, 1907	Nature of injury
19. UNOERTAKER Fredh & Landsalmor form	24. Was disease or injury in any way ralated to occupation of deceased?
20, FILEO 6/8 193 YA Kally My Francy	(Signed) Other Thinks, M. D.
Registrar.	(Address) 4116 New Views
If more blanks are needed address State Registra	227 N. Charles Street Relimone Permetting 91 S. No

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
S-2		JUL 8 35%	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state CORD. Every item of infor-Exact statement of OCCUPAstated EXACTLY. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT properly classified. CAUSE OF DEATH in plain terms, so that it may be properly or TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(82-0)
County Balle	Registration Dist. No30
/ Village or City Calonnelle	No. Ol. 0 - Itanue St., Ward
(If	death occurred in a hoppital of matitution, give its NAME instead of street and number)
1 1 10	100 -03. How long in 0.0.11 of loteign birth:
2. FULL NAME Haward Mall	A. W. I
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  Wall  Wall  The Hall  Th	22. I HEREBY CERTIFY, That I attended deceased from 1974, to 1974, 1974
6. DATE OF BIRTH (month, day, and yeer) Que S _ 1857	I last saw h
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et & m.
)6 /6 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Cuelial person 40 1842
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this	7
year) spant tills occupation all a	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Salle (State or country)	and the second
13. NAME John Hall	
13. NAME  14. BIRTHPLACE (city or fown)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? _ Classes Was there en autopsy?
15. MAIDEN NAME Collection Saven	23. If death was due to external causes (VIDLENCE) fill in elso the following:  Accident, suicide, or homicide?
17. INFORMANT hus bouil Holo	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Jausan Date June 26., 19.34	Nature of injury
19. UNDERTAKER (Address)	24. Was disease or injury In any way related to occupation of deceased?
20. FILED LUL 19, 1934 WSlow Registrar.	(Signed) warfall Bloom M. D.  (Address) Catowner low was
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITI	ONAL SPACE FOR FURTHE	R STATEMENTS BY P	HYSICIAN	
	D- 7-211	7-18 P.	1938/1861	_
6. myrond	in Sother to	wand of	20 1	)-
1-1		7 =	1 00	

ż

1. PLACE OF DEATH	CERTIFICATE OF DEATH 05775
County Balla	Basistastian Dist. No. 2 A
D A- 00.	Registration Dist. No. 30
Village or City (Valoumulle (If	death occurred in a hospital or institution, give its NAME Instead of street and number)
	2 ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Florence Elizabett Ho	rich,
(a) Residence: No. 100 Shefule (Usydiplace of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word)	21. DATE OF DEATH  20 ,193 4- (Month) (Oay) (Year)
5a. W married, widowed, or divorced HUSBANO of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from  18, 19, 34, to 120, 1934.
6. DATE OF BIRTH (month, day, and year) June 18-1934	I last 6gw h la aliva on Schue 24 19 34; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Premature
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9, Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	7 - marth in Ulico
10. Date deceased last worked at this occupation (month and spant in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Caloumlla	Other Contributory Causes of Importance:
(State or country)	
13. NAME Samual Landy 14. BIRTHPLACE (city or town) Calouxylle	
7 14. BIRTHPLACE (city or town) Calouxille	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an au'opsy?Mo
15. MAIOEN NAME Ever Webb.  16. BIRTHPLACE (city or town) Elleweth Cal-	23. If death was due to external causes (VIDLENCE) fill in also tha following:
O 16. BIRTHPLACE (city or town) Ellection (State or country)	Accident, suicide, or homicide?Oate of injury, 19
(State of country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Course Handy Calonnelle	Specify whether injury occurred in INOUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMONAL	Manner of Injury
Place Color Dold Tillure Data June 21,1934	Nature of injury
19. UNDERTAKER Samual Hand Father (Address) 100 Shelil and Father	24. Was diseasa or injury in any way related to occupation of deceased?
20. FILEO June 20, 1934 Marshall B Wist Registrar.	(Signed) marsfall Blies M. D.  (Address) Catomirlle Mol
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	3 1534	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis -	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	WEAT VE	July 5, 1927	Peritonitis	3 days ago
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1.	1	eng	5.70-4	0
()	0	1	4	()

I. PLACE OF DEAT	н			(82-6)	~
County Bal	timore			Registration Dist. No	30
Village or City Ca	tonsvil	lle		No. 110 Oakdale Avenue	_St War
Length of residence in city	or town where d	leath conversed = -	2 (1)	f death occurred in a hospital or institution, give its NAME instead	of street and number)
				second on the second of the se	sd
2. FULL NAME		a Cora H			
(a) Residence: No	110	Oakdale (Usual place o		St., Ward.	10
PERSONAL AND	STATISTI			MEDICAL CERTIFICATE OF D	
	OR RACE	5. SINGLE, MARK	RIED, WIDOWED,	21. DATE OF DEATH	4
Female Whi	te	or Divorced Single	(write tha word)	June 9	, 193
5a. If married, widowed, or divorce	ed	021620		(Month) (Da	y) (Year)
HUSBAND of (or) WIFE of				May 2 HEREBY CERTIFY. That	lattanded deceased fro
			4022	er june 9	34, 19
5. DATE OF BIRTH (month, day,		1	1855	I last saw harman alive on III.55 A	, 19; death Is sa
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, atm.	
78	9	14	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Impowere as follows:	Date of onsi
8. Trade, profession, or par kind of work dona, a:	s SPINNER,	None		Cerebral Hemorrhage	-5/2/
SAWYER, BOOKKEEP  9. Industry or business in		Hone		Rt. Hemiplegia.	0/2/
kind of work dona, a SAWYER, BOOKKEEP  9. Industry or business in work was done, as SI SAW MILL, BANK, et 10. Date deceased last work bis occuration (most bis occuration)	LK MILL.			No. Hemiplegia.	
10. Date deceased last work this occupation (mont	ed et	11. Totel tir	me (years)		
yaar)			tin this pation		
2. BIRTHPLACE (city or town)		timore		Other Contributory Causes of Importance:	
(State or country)	Mar	yland			
13. NAME Edwa	rd Har	е			
14. BIRTHPLACE (city or tow	111	timore		Nama of operation	Data of
(State or country)	Mar	yland		What test confirmed diagnosis? What test confirmed diagnosis	
15. MAIDEN NAME RO	sina M	. Foy		23. If death was due to external causes (VIOLENCE) fill in also	
16. BIRTHPLACE (city or tow		timore		Accident, suicide, or homicide? Data of in	
(State of County)		yland		Where did injury occur?	
7. INFORMANT Mr. J. (Address) 110 08	Wilson kdale	n Carr J Avenue	r.	(Specify city or town, co Specify whether injury occurred In INDUSTRY, In HOME, or in	unty and State) PUBLIC PLACE.
8. BURIAL, CREMATION, OR RE		. /	140 24	Manner of injury	
Place Cathedr	al Cemo	etery c	/12 1934	Nature of injury	
9 UNDERTAKER Hente	4 U. D.	nears an	of Don	24. Was diseesa or Injury Ip. any way related to occupation of d	eceased? No.
(Address) 805 9	A	vert &	1,	If so, specify	
20. FILED 6	. 7	1111	el-e-	(Signad) Likewell llow	mes M.
.v. FILED, 19	36		Registrar.	(Address) Catonsville,	Mq

If more blanks are neded, address state Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
THE RESERVE OF THE RE	W. 87		

	MARYLAND—	CERTIFICATE OF DEATH	577
		23)	
	**********************	Registration Dist. No. 31	
Village or City Della	· · · · · · · / v.c	No. Oella ave st.	Wai
Length of residence in city or town where death occu	rredyrsmos.	death occurred in a horpital or justifution, give its NAME instead of street and death of the death of the death occurred in a horpital or justified in the death occurred in a horpital or justified in the death occurred in a horpital or justified in the death occurred in a horpital or justified in the death occurred in a horpital or justified in the death occurred in a horpital or justified in the death occurred in a horpital or justified in the death occurred in a horpital or justified in the death occurred in a horpital or justified in the death occurred in a horpital or justified in the death occurred in a horpital or justified in the death occurred in a horpital or justified in the death occurred in a horpital or justified in the death occurred in the deat	number)
2. FULL NAME // Club (Us PERSONAL AND STATISTICAL F	W. Hothis	ed	
(a) Residence: No. Cella.	J. J	St.,Ward.	
	sual place of abode)	If nonresident give city or town and	Stale
PERSONAL AND STATISTICAL F	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	LE MARRIED, WIDOWED,	21. DATE OF DEATH	-4
Marc 111 102	navueg'	(Month) (Day)	, 193.4 (Yeer)
5e. If merried, widowed, or divarced HUSBAND of	11-11-11	22. I HEREBY CERTIFY, That I attended	1
(or) WIFE of ///alldun'/	Huffeld	Mr 1 1933 10 Juny 27	19 3
6. DATE OF BIRTH (month, day, end-year (1)	1.9868	I last saw h . Lualive on June 27 195	death Is sa
7. AGE Years / Months D	Days   If LESS than	to have occurred on the date stated above, at 1130 Am.	,
06/15/2	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	1
Trade, profession, or particular kind of work done as SPINNER.	1		Date of onse
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which	TVX	Tulmonary Juterculose	+ Sep
9. Thdustry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	market Minches	/_/	19/3
	I. Total time (years)		-
this occupetion (month and / 933)	ocsupation 2		-
12. BIRTHPLACE (city or town) Howard	C6/0	Other Coutributory Causes of Importance:	
(State or country) Mary &	aud		-
13. NAME Thomas O, The	ulfield		
4 14. BIRTHPLACE (city or town)		Name of operation Date of	
(State of country)	yeurg	What test confirmed diagnosis? Was there an a	au'opsy?
15. MAIDEN NAME Alle 36	kb -	23. If death was due to external causes (VIOLENCE) fill in elso the following	:
16. BIRTHPLACE (city or town)	(f) (1)	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	144.	Where did injury occur? (Specify city or town, county and State Specify whether have been seen as the state of the state o	e)
17. INFORMANT / CD, //aullu	d. Halfield	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIS CREMATION, OR REMOVAL	10,	Manuar of Latino.	
protoof the held Compate	Jul 30 1934	Manner of injury	
Easton Soup	•		111)
9. UNDERTAKER OF CONTROL OF COLOR OF CO	ið.	24. Was disease or injury in eny way related to occupation of deceased?	,00
20, FILED \$ 30 1934 83/	///	(Signed) Al Karrace	м
ZU FILED Z. W. 19 J. 19 J.	Registrar.	(Address) Liberses Con -/ 1	The
If more blanks for	1.	422 N. Charles Street, Ballimore, Requesting V. S. No. 2.	7

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUDGAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05778
1. PLACE OF DEATH	
County Salto	Registration Dist. No. 38
Village or City Near Deutley	NoSt., Ward
/ 7 /	death occurred in a horpital or institution, give its NAME instead of street and number)  2 2-ds. How long in U.S. if of foreign birth?
2. FULL NAME I da : M. Therson	4 1
No O No	4
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX- 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Month)  (Day)  (Year)
5a. If married, widowed or divorced HUSBAND of	222, I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Millou M. Tersey,	May 1H 1931 to June 22 1934
6. DATE OF BIRTH (month, day, and year) Noy 30-1871	I last sawn_ev_alive on fune 2 2 19.34; death is said
7. ACE Years Months Pays If LESS than	to have occurred on the date stated above, at 5.45 7, m.
63 6 22 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Louisework, SAWYER, BOOKKEPER, etc.	Cerebral hemorrhey 6-18
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
f 1. Total time (years) this occupation (month and Label 1. Total time (years) spent in this	
year) JAV1734 occupation #247	Other Centributory Causes of importance
12. BIRTHPLACE (city or town) Sallo (State or country)	arteriosekrosis 1930
# 13. NAME John Beller Downs.	
13. NAME John Geller Downs.	Name of operation
(State of Country)	What test confirmed diagnosis Remiples a Was there an autopsy?
15. MAIDEN NAME Clina Somell.	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME (Mud Sosnell.  16. BIRTHPLACE (city or town) Maryland Dung	Accident, suicide, or homicide?Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT WELFE STATE OF THE CANADA COMMENT	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, OBEMATION, OR REMOVAL Cerellery	Manner of injury
Place Ballo Co hed Date of June 76, 1934	Nature of injury
19. UNDERTAKER Jaul N. Franceustern (Address) New Franceustern	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Jenes 46 ; 1934 Chesler & Frederica	(Signed) January M. D.  (Address) Shruwshury Val
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		(	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	/
SINDING	ERMANENT EXACTLY classified.	9
FOR I	IS A Pl stated properly	tentifinat
MARGIN RESERVED FOR BINDING	NG INK-TIIIS AGE should be that it may be	o do shook of
MARGIN	ITH UNFADII Ily supplied.	Con inchairment
V. S. No. 1	B.—WRITE PLAINLY, WI mation should be careful CAUSE OF DEATH in p.	my the state of continued on healt of contificato
>	Z	

1. PLACE OF D	EATH Baltimore			Registration Dist. No.
County Village or City Length of residence	Milford		(If	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME  (a) Residence: N	Valentine	Bartle	ey Hollar Liberty	
PERSONAL	AND STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
	olor or RACE White	5. SINGLE, MAR OR DLYORCEI WICOW	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowad, or HUSBAND of (or) WIFE of Let  6. DATE OF BIRTH (month)	e Mary Jan			I HEREBY CERTIFY, That I attended dacaasad from  1982, to 1984  I last saw han alive on 1984
7. AGE Yaars	Months	Days	If LESS than	to hava occurrad on tha deta stated ebova, et 2 1 2 -m.
87	2	19	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causas of importance were as follows:
kind of work done, as SPINNERRetired Oil Mefine SAWYER, BDOKKEEPER, atc. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and yeer)  12. BIRTHPLACE (city or town) (State or country)				Othar Coutributory Causes of importance:
13. NAME WM .	H. Hollar			
13. NAME 111.  14. BIRTHPLACE (city (Stata or coun	or town hio			Name of operation Data of Whet tast confirmed diagnosis? Was there an au opsy?
15. MAIDEN NAME 16. BIRTHPLACE (city (Steta or cour	Margar	et Forbo	es	23. If death was due to external ceuses (VIOLENCE) fill in also the following:  Accidant, suicide, or homicide?
17. INFDRMANT Mrs. (Addrass)	George H	Shear	er	(Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION,	OR REMOVAL	June	11, 1934	Mannar of injury
19. UNDERTAKER 410	CT-/	on Ave.	te	24. Was disaasa or injury in any wey related to occupation of decaasad?
20, FILED une 8	19 B9 17	75.42	affect	(Signad) Fr Cellel acom M. C. (Ardrass) St. 7 H. annly J. C. S.

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Cerebral hemorry age	July 5,1927	Peritonitis	3 days ago
Other contributory cites of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

B

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Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
			1 your

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA
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MARGIN RESERVED FOR BINDING

~ /	HEALTH DEPARTMENT	CITY OF BALTIMORE	5781
M)/	CERTIFICAT	TE OF DEATH (3)	4
0 20	1. PLACE OF DEATH.	Registered No	m
IANS sho	COUNTY OF BANTIMORE: (No. Baltimore	St.,Ward)  St.,Ward)  St.,Ward)	nstitution, Instead
IAN	Length of residence in city or town where death occurredyrs		
SIC.	2. FULL NAME George tosler	Johnson	
Y A	(a) Residence: No. 1037 Beechful	St., Ward	d State)
R.F. Y. fied.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	a State)
NENT RIXACTLY Is classifie incate.	3. SEX 4 Color or Race 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month, day, year) 6/16	, 1934
ZXAS	5a. If married, widowed, or divorced	22. 6 HEREBY CERTIFY, That I attended decea	sed from
ERMAN ated Ex properl of certi	HUSBAND of Sarah & Johnson	I last saw hair alive on 6/16, 1934 dea	th is said
7	6. DATE OF BIRTH (month, day, year) Not known	to have occurred on the date stated above, at	
A I be say be back	7. AGE Years Months Days If LESS than 1 dayhrs.	The principal cause of death and related causes of importance were as follows:	Date of onset
IS IS hould it me s on	ormin.	ardiae Facture	6/14/34
THIS E sh hat i			
AG So the	Industry or business in which work was done, as sfile mill, saw mill, bank, etc.		
d. in si,	sawyer, bookkeeper, etc.  Industry or business in which work was done, as sfile mill, saw mill, bank, etc.  Io. Date deceased last worked at this occupation (month and year)  year)  occupation	Other contributory causes of importance:	
Supplied in term	12. BIRTHPLACE (city or town) Balto. County	Chrone Cardio-Vascular	55 yrus
Sul sul lain nt.	(State or country) md	Pelval Disland	·····( <i>J</i> ······
ully n p	18. NAME Wom Johnson	Name of operation Date of	
TH in impor	14. BIRTHPLACE (city or town) Balto (State or country)	What test confirmed diagnosis? Line was there an auto	
WI I be DEA	15. MAIDEN NAME - Lacey	23. If death was due to external causes (violence) fill in following: Accident, suicide, or homicide?Date of injury	
plus v	16. BIRTHPLACE (city or town) Bulls G	Where did injury occur?(Specify city or town county an	d State)
PLAIN ion sh USE TION	17. INFORMANT Sun Brooks	Specify whether injury occurred in Industry, in home, or place.	in public
PI ation	(Address) Sparly ma.	Manner of injury	
orm te CUI	18. BURIAL, CREMATION, OR REMOVAL Place Association Date Association Date 134	Nature of injury	***************************************
-WR infe stat	19. UNDERTAKER US. C. Brooks & Sin	24. Was disease or injury in any way related to occu	
В.	(Address) Sprike, med	deceased?	
z	20. FILEDJUM 16 30 g Vel	(Signed) July 1 7C 1414 1 To	2., M. D.
	Kapisumir.	(Address)(O	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business avoid the use of such general terms as "store," factory," "mill," etc. State the

particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries.

Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUSINESSE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year

m

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05782
1. PLACE OF DEATH	92-0)
County Dalhmare	Registration Dist. No. 33
Village or City Clevings miels, Med R.	(sewood) St. Ward
l (If	death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Helen Kane	Tion long in 0.0, if of foreign pricting
(a) Residence: No. Lenkary	Ch Wood
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERT/FICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH June 14 1934
5a. If marriad, widowad, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22.   I HEREBY CERTIFY, that I ettanded deceased from
6 DATE OF BIRTH (month day and uses) 1914?	lest sew har alive on and 14. 19 3 4 death is said
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	7/12
2 / ?   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end ralated causes of importance
8 Trade proleccion or particular	were as follows:  1) Mithal Stenasis With loss Detections
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	of Compensation (Endocurcitis) kaknon
9. Industry or business in which work was done, as SILK MILL, Cowing Miels Md. SAW MILL, BANK, atc	1 Pulminary Edema. 6/14/34
U 10. Date deceased last worked et . Total time (years)	1
this occupation (month and spant in this year) occupation	
12. BIRTHPLACE (city or town) Ballimare Ind.	Other Contributory Causes of Importence:
(State or country)	
13. NAME Centenon	
13. NAME (unknown)  14. BIRTHPLACE (city or town)	Neme of operation numl Dete of
(State of Country)	What test confirmed diagnosis? Chunal Was there an autopsy? Two.
15. MAIDEN NAME Culturan  16. BIRTHPLACE (city or town)	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did înjury occur? (Specify city or town, county and State)
17. INFORMANT Lashmuhmal Melosius. (Addrass)	Spacify whether injury occurred In INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury
Placette Period Cem. Data June 15, 1934	Nature of Injury
19. UNDERTAKER If I line & Stores	24. Was disease or injury to any way related to occupation of deceased?
(Address) / Kustustoe in Md.	If so, specify
20. FILED frame 15, 1934 Dynslade Registrar,	(Signad) X any M.D. (Address) (Ownes Mills, Med.
Kegistrar.	(Audiess)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
IV	EN	
9 704	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
AUV	8. /	
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05783
1. PLACE OF DEATH	(46)
County Dallimore	Registration Dist. No.
Village or City Holbrook	No. St., Ward
(If Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?
2. FULL NAME annie m May	duame!
-11 11 h h	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. STNGLE, MARRIED, WIDOWED THE DIVORCED (write the word)  The state of	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, wildowed, or divorced	
(or) WIFE of Clear Jaufmann	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	That saw here alive on June 17 1934; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm,
64 11 23 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	Carcuma Ofine ?
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	
o this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town). Ballinsee 374	Other Contributory Causes of importance:
(State or country)	
13. NAME of rant lifaguer.	
14. BIRTHPLACE (city or town) 2 14. Contact of the country of the	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT AGOODER AMULTA (Address) Holoroom and	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL AND	Manner of injury
110	Nature of injury
19. UNDERTAKER (Address)	2. Was disease or Injury in any way related to occupation of deceased?
6/18/ 34 mm 19 14 =	(Signed) In & Martin M. D.
20. FILED 19 Registrar.	(Address) Randallstom, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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#### Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago 1951 Chronic interstitial nephritis Run over bu street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	AN	J
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BINDING

FOR

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis Run over by street car 1 week ag	Exa	niple I	i i	BITD Example II	
Chronic interstitial nephritis RECE 1921 Run over by street car 1 week ag		rg.	~ 1		Date of onset
	Arteriosclerosis	CIRIV	1910	Attack of epilepsy	1 week ago
	Chronic interstitial nephritis	REUL	1921		1 week ago
Cerebral hemorrhage 3 days ag	Cercbral hemorrhage	07 19	aly 5, 1927	Peritonitis	3 days ago
NIN - SI		HIN .	- 91		
TAU V.		DAR	V	Ti.	
Other contributory causes of in partance:  Other contributory causes of importance:	Other contributory causes of	in portance:		Other contributory causes of importance:	
Gallstones May 1,1923 Gastroenteritis 1 year	Gallstones		May 1,1923	Gastroenteritis	1 year
		Vi.			

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	943
County Callinose	Registration Dist. No. 36
Village or City Jourson	No. Celleghaney Woskijlon St., Ward
Length of residence in city or town where deeth occurred 50 yrs. 6 mos.	death occurred in a hospital or institution, give its NAME/instead of street and number)  ds. How long in U.S. if of foreign birth? So yrs. mos. ds.
7M · 1. P/: Y	
2. FULL NAME Marlin & alimer &	0 111
(a) Residence: No. Colleghanes (World place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, QR DIVORCED (write the word)	21. DATE OF DEATH June 10 h 193 4
5e. If married, widowed, or divorced	(Month) (Dey) (Yéar)
(or) WiFE of Mary Scilice Lel	22. I HEREBY CERTIFY, That i ettended deceased from
6. DATE OF BIRTH (month, day, end yeer) Lec/6/1883	Hast saw hom alive on June 17 to 1995 st.; death is said
7. AGE Yeers Months Days If LESS then	to have occurred on the date steted above, et 2.30 A.m.
50 6 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of onset
SAWYER, BDDKKEEPER, etc.	Coronary / prombose
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	
0 10. Date deceased last worked at 11. Totel time (years)	
this occupation (month and yeer)	
12. BIRTHPLACE (city or town) / owoow	Other Contributory Causes of importance:
(State or country)	San 2
13. NAME Sky. a. Lee	
13. NAME LUI. (U. Lee  14. BIRTHPLACE (city or town) ownon  (Cotate or country)	Name of operation none Date of
(State of country)	Whet test confirmed diegnosis? hypercal Wes there an autopsy?
15. MAIDEN NAME Commally favrett	23. if deeth wes due to externel causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide? Date of injury, 19
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT TO SAVOUR LEL-1020.	Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION DRREMDVAL	Menner of injury
Place Towson Mix Date July 1034	Neture of Injury
19. UNDERTAKER Secural Monento.	24. Was disease or injury in any way related to occupetion of deceased?
	if so, specify A
20. FILED Jame 11, 1934 Man Poutler Registrar.	(Signed) Says on M.D.  (Address) Sayson ma
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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	Example I		Example II	
	cause of death and related causes were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis		1915	Attack of epilepsy	1 week ago
Chronic interstiti	ial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrh	age	July 5,1927	Peritonitis	3 days ago
	A POLIVED			
Other contribu	tory causes of importance:		Other contributory causes of importance:	
Gallstones	BUREAU V C	May 1,1923	Gastroenteritis	1 yeor
				Land Mark

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

should state

of OCCUPA-

STATE OF MARYLAND	CERTIFICATE OF DEATH	0756
1. PLACE OF DEATH	(82-0)	
County Baltinore	Registration Dist. No.	9
Village or City Ghanne	No	Ward
	death occurred in a hospital or institution, give its NAME instead of street and number death. How long in U.S. if of foreign birth?	
2. FULL NAME George Sint		
(a) Residence: No.	St Ward.	
(Usual place of abode)	II nonresident give city or town and Sta	ate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Undowned	21. DATE OF DEATH (Month) (Day)	93.4 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of - Freedence Sinty	22. NOTE BE A CERTIFY, That I attended dec	ceased from
6. DATE OF BIRTH (month, day, and year) Aan 21, 1847	last saw harmalive on July 21, 193 4; d	death is said
7. AGE Years Months Days If LESS than	to have opeurred on the date stated above, atm.	
87 5 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	2-4
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Conthat themmalian	Date of onset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and		
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town)	Other Contributary Causes of importance:	
(State or country)	(inlin scheres	1/2
13. NAME Christian Sink		
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation	
	What test confirmed diagnosis? Was there an auto	psy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, sulcide, or homicide?	, 19
17. INFORMANT Mr. albeit Sinty	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Serft sorverible. Date Grand 25, 1934	Nature of injury	
19. UNDERTAKER W. La Brooks & Son (Address) Sparks mil	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED 913 , 1934 Junes Alake	(Signed) Allew (Signed) (Address)	W/W.D.

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Example I	1.00	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		G3A13336	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year


onld	County Carello C	g.	Registration Dist. No.	382
should of OCC	Village or City 1000	20W	ND. 104 Ally Kasses M. St., death occurred in a hospital or institution, give its NAME instead of street and n	Ward
NS ut	Length of residence in city or town where	death occurredyrsmos	ds. How long In U.S. if of foralgn birth?yrsmo	sds
PHYSICIANS of statement	2. FULL NAME arcu	Watherine &	spencolt	
SIC	(a) Residence: No. 104	alleghamy Cu	St., Ward.	
HY t	DEDCONAL AND STATIST	(Usual place of abody)	If nonresident give city or town and	State
ract PE	3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH	
LY.	Feedle While	OR DIVORCED (which has word)	(Month) (bay)	, 193.4(
X A C T	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	ones.	22.   I HEREBY CERTIFY, Just I attended of	leceased from
	7/	10-1/418/VIA	, 13	, 19.3 4.
stated E properly certificate	6. DATE OF BIRTH (month, day, and year)	Days Y If LESS than	to have occurred on the date stated above, at	; death is sai
stated properl ertifica	74 3	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
state prop certif	8. Trada, prefession, or particular	/ O   ormin.	wera as follows:	Date of onse
pe of	kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	noue	Acote Cardiac De compinection	1
nay back	9. Industry or businass In which work was dona, as SILK MILL,	2 /	with mital heafficiency o	5 %
	SAW MILL, BANK, atc	11 Total time (veers)	Ingrandial Degeneration	1904
0 4 5	this occupation (month and year)	II. Total time (years) spent in this occupation	k /	
oplied. AGE erms, so that instructions	13-	00/11.	Othar Contributory Causes of Importance:	
	(State or country)	ml		
efully supplied in plain terms, unt. See instru	13. NAME James Bo	Peppinwett-		
suppli n term ee ins	14. BIR (HPLACE (city or town)	Alexander	Name of operation Date of	
y sul	(State or country)	Renna.	What test confirmed diagnosis? Chine sal Was there an a	ulnney? ho
carefully H in pla	15. MAIDEN NAME Mary	assund	23. If daath was due to external causes (VIDL ENCE) fill in also the following	
2	16. BIRTHPLACE (city or town)	Scretos	Accident, suicide, or homicide? Date of injury	
be car EATH import	E (State or country)	June )	Where did injury occur?	
hould be can OF DEATH very import	17. INFORMANT (Address) Weeker Hell-	bell- (neice)	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	.CE.
	18. BURIAL, CREMATION, DR REMOVAD	100000000000000000000000000000000000000	Manner of Injury	
(a) .=	Place willow and	Date (184/22/, 19 )	Nature of injury	
CAUS TION	19. UNDERTAKER SCHWASTIM	minto	24. Was disaase or injury in any way related to occupation of decaased?	lo
EOF	(Address) /08WY	malave.	If so, specify	
0	20. FILED June 22, 1934	Me P. Queller	(Signad) M. Walney (Address) Ruston M.	M. I
	If more	002	2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.	

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributors causes of importances		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 B ż

should state OCCUPA-

Jo

STATE OF MARYLAND	D—CERTIFICATE OF DEATH 05788.
1. PLACE OF DEATH	940
County BALTIMORE	Registration Dist. No.
Village or City OWITIGS MILLS	St., Ward
Length of residence in city or town where death occurredyrs,	(If death occurred in a hospital or institution, give its NAME instead of street and number) mos,ds. How long in U.S. if of foreign birth?yrsmos,ds.
1 Mills Pl	
	7d St., Ward.
(a) Residence: No. Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWI OR DIVORCED (write the wo Maried	21. DATE OF DEATH  (Month)  (Day)  (Yaar)
5a. If married, widowed, or diverced HUSBAND of Corp. WIFE of Land & Long	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May 19 188	FO i last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS to	
54 / 1 day,	
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	agina l'Ectoris
1D. Date deceased last worked at this occupation (month and years) spent in this occupation	Dia D. N'EMARTIN
12. BIRTHPLACE (city or town) Agrason (State or country) Battamon Co Md	Other Contributory Causes of importance:
13. NAME William Long  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Date of
15. MAIDEN NAME Mary Respo	What test confirmed diagnosis?
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Anah & Long (Address)	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL Place DRVICE RIGORE CEMETER pate 9 27, 19	Manner of injury Nature of injury
19. UNDERTAKER Frank MEWELL ME (Address) PLAYER ME	24. Was disease or injury In any way related to occupation of deceased?  If so, specify
20, FILED 726/ 19 m. Dupper	(Signed) Nubrul St Aark of M. P. rar. (Address) Randallstown Mul

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05789
1. PLACE OF DEATH	(131)
County 18 alteriore	Registration Dist. No. 30
Village or City Coatonsulle	No. Spring Fore Hespitak, Ward
	death occurred in a hospital of institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Delea Limema	n/ *
(a) Residence: No. 1735 El Lanval	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Laceta W. Law	21. DATE OF DEATH  (Month)  (Day)  (Yéar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. O I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of unknown	June 6 ,1930, to June 3 ,1930
6. DATE OF BIRTH (month, day, and year) July 3-1857	I last saw her alive on Jesus 3, 1936; daath is said
7. AGE Years Montae Days If LESS than	to have occurred on the date stated above, at 12-12-m.
76 11 0 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Houseway SAWYER, BOOKKEPER, etc.	
SAWYER, BOOKKEEPER, etc.	010101
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.	Che onler Cophritis 1/2
Kind of work done, as SPINNER, Roussurfer SAWYER, BOOKKEPPER, etc.  9. Industry or businass in which work was done, as SILK MILL, At Roussurfer SAW MILL, BANK, atc.  10. Date deceased last worked at this occupation (month and spent In this spent In this	Che endo carteting My
year)	Othar Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	arterio lebroso 3900.
14. BIRTHPLACE (city or town) Baltman	Lande By Chais 3 415.
14. BIRTHPLACE (city or town)	Name of oparation Date of
	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
Och Daniel A 11	Whara did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) / 73 ( E - Law of Sh	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Calledial Conden Date June 3 , 19 34	Natura of Injury
19. UNDERTAKER Horrey 9. Tomas	24. Was disease or injury in any way ralated to occupation of deceased?
(Addrass) Bg 3. Fact The	If so, specify
20. FILED 97 64 19. Holling	(Signad) Cook . Tarrett M.D.
Registrar.	(Address) Caterastile 2
If more blanks are needed the said Resistrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Date of onset	mi in it is a second of death and milet a	
1915	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis  Other contributory causes of importance:

CORD. Every item of PHYSICIANS should d. Exact Statement of

# HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH (A)

05790

1. PLACE OF DEATH CITY OF BALTIMORE: (No. Mors Road + La	give its NAME instead
// 01	
	,
(a) Residence: No. af or a Konad I de Vaix. (Usual place of abode)	Ward. (If non-resident give city or town and State)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. Color or Race 5. Single, Married, Widowed, or Bivorced (write the word)  5a. If married. widowed, or divorced  HUSBAND of 7.	21. DATE OF DEATH (month, day, year) June 60 , 197 4  22. I HEREBY CERTIFY, That wattended deceased from 2 , 1933, to 1934
(or) WIFE of Widow of Jenoy Sycamer	I iast saw h. saive on 193 9. Death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date brated above, at. 3.4/4.7.m.  The principal cause of death and related causes of importance were as follows:  Date of onset
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	Chr dr. right 1928 Oh myschuld 1930 Old age
12. BIRTHPLACE (city or town)	Other contributory causes of importance:  Auth Cultur Dittlatu 1934
13. NAME Sistem & Southold.  14. BIRTHPLACE (city or town). South Carolina (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopay? Was there are autopay? Was there are autopay?
15. MAIDEN NAME Caroline Roberts.  16. BIRTHPLACE (city or town)	iowing: Accident, suicide, or homicide?
17. INFORMANT MISS Stand Salvets (Address) Goels Brad & Salvets ave	Specify whether injury occurred in industry, in home, or in public place  Manner of injury
18. BURIAL, CHEMATION, OR REMOVAL  PIACE SKELLSMOUNT SELLS DATE JUST 19844  19. UNDERTAKER SLONGE Schilling I Sound	Nature of injury
(Address) Wisgrufa & Monwellet Afa.	(Signed) (N. Buhrp M. D.

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Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago
- ILCEIVE			
Other contributory causes of importance:	The sa	Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year
			l

iten	sh	Jo	
3.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT LECORD. Every iten	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sh	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of	
ORD.	IXS	sta	
	. PI	Exact	
ENT	LLY	ed.	
IANI	AC	ssifi	
ERN	EX	y cla	te.
A P	ted	perl	ifica
SIS	sta	pro	cert
THIS	l be	y be	k of
K_1	hould	ma	bacl
Z	ES	at it	s on
ING	AG	th of	tion
FAD	ied.	ns, s	struc
S	lddn	teri	e in
ITH	lly s	plain	Se
W.	refu	in ]	tant
NLY	e ca	ATH	npor
LAI	IId h	DE	ry-ir
E P	shot	OF	s ve
RIT	tion	USE	ON
1	ma	CA	TI
00			

V. S. No. 1

STATE C	OF MARYLAND—	CERTIFICATE OF DEATH 057	191
1. PLACE OF DEATH			
County Sall	<u></u>	Registration Dist. No. 40	
Village or City ( ) uda	haw	ND	Ward
Langth of residence in city or town where	death occurredyrsmos	death occurred in a horpital or institution, give its NAME instead of street and numbe  ds. How long in U.S. If of foreign birth?yrsmos	
2. FULL NAME & ori	Olyabert	merremore	
(a) Residence: No.	dehout his	St. Ward.	
	(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) , 193	4
5e. If married, widowed, or divorced HUSBAND of		3 ( )	(Yaar)
(or) WIFE of Jufeur		22. I HEREBY CERTIFY, That I attended decea	
6. DATE OF BIRTH (month, day, and year)	easel 27-34	I last saw h   alive on, 19   dea	19
7. AGE Years Months	Days If LESS than	to have occurred on the date stated ebove, etm.	rii 12 2610
Sull form	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importanca wera as follows:	-
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	0 / 6	Still form Date	e ot onset
SAWYER, BOOKKEEPER, etc	Traus		
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.			
ID. Data dacaasad last worked at this occupation (month and	11. Total time (years) spent in this		
yaar)	occupation	Dthar Contributory Causes of importance:	
12. BIRTHPLACE (city or town)	dehau	Similar of the state of this particle.	
(State or country)	C. Murina		
13. NAME 14. BIRTHPLACE (city or town)	Jan 9		
14. BIRTHPLACE (city or town) (State or country)		Name of operation Dete of	
		What test confirmed diegnosis? Was there an autops	y?
H IA	and wow	23. If death was due to axternal causes (VIOLENCE) fill in elso the following:	
16. BIRTHPLACE (city or town) (State or country)		Accident, suicide, or homicida? Date of Injury,  Where did injury occur?	19
17. INFORMANT Ethel h	waynan hu	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, DR REMOVAL	Peut 1	Manner of injury	
Placa Jaleur M. E	Data June 28, 1984	Manner of injury	
19. UNDERTAKER David Da	ndson	24. Was diseasa or injury in any way related to occupation of deceasad?	
(Address) hpph & da	ells.	If so, specify	
20. FILED. 6/27 184 //M	Eles Mytemmo	(Signed) hund Y Surviva	M. D.
	Registrar.	(Address) July Julle	ne

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	Í	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
			-4
Oth		1 30 10 10 10 10 10 10 10 10 10 10 10 10 10	7
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		Description and description of the second of	

ADDITION	AL SPACE FOR FURTHER STATEM	
to author	gilon of names	of perents on for
filed made	merca 8-3	2 - 3 4
0		

1. PLACE OF DEATH	E2-20
County Baltimore	Registration Dist. No. 30
Village or City Catonsville	No. Sorme Grove State Hospital, Ward
Length of residence in city or town where death occurred Oyrs7mc	os. 7 ds. How long in V.S. If of foreign birth? May Sucreos ds.
2. FULL NAME Anna K. Miche	
(a) Residence: No. Kurtz Avenue Lutherrol (Usual place of abode)	le Sild. Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Whomed	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (er) WIFE of Gustave Miche	22. I HEREBY CERTIFY, That I attended deceased from slay 1934, to January 18 1934
6. DATE OF BIRTH (month, day, and year) Sebt. 22. 1864	I last saw have alive on \\ 18 , 19 & \(\frac{3}{2}\); death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12:30 km.
69 8 27 1 day,hrs	mere as follows.
8. Trade, profession, or particular kind of work done as SPINNER	arteriosclerosis Data of onest
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which	Cerebral hemorlage May 1.197
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occuration (month and ).	Circleral hemorrhage 36?19
10. Date deceased last worked at this occupation (month and Warch 1933 spant in this 48 year)	Cerebral hemotologe Jul 18
12. BIRTHPLACE (city or town) Germany (State or country)	Other Coutributory Causes of Importance:
13. NAME Carl Deael	
	Name of operation Home
(State or country)	Name of operation Date of What test confirmed diagnosis? Play seed Signs Was there an au'opsy? No.
15. MAIDEN NAME Theresa alute	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Theresa Glute  16. BIRTHPLACE (city or town) Leveling (State or country)	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Mrs. Harry Fishbaugh (daughter, (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Parkerson & landate June 20, 1936	Manner of injury
1 investigation of the state of	nature of migrif
19. UNDERTAKER JOHN SMING SONS	24. Was disease or injury in any way related to occupation of deceased?
(Address) Townson	If so, specify
20. FILED G., 1934 Alexander	(Signed) (Address) Spring Jane State Hospital
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

te Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Date of onset	The principal cause of death and related causes of importance were as follows:
1915	Attack of epilepsy
1921	Run over by street car
July 5,1927	Peritonitis ays ago
	A DA CHE
	Other contributory causes of importance
May 1,1923	Gastre pries
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	1915 1921 July 5, 1927 May 1, 1923 FOR FUREN

STATE OF MARYLAND—CERTIFICATE OF DEATH

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting D

(Day)

(Year)

Date of onset

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BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP.	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH

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S. No. 1

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1	Other contributery gauges of important	
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	1921 July 5,1927	July 5, 1927 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

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Gallstones	May 1,1923	Gastroen teritis	1 year



r xac	PLACE OF DEATH County Datty	STATE OF MARYLAND CERTIFICATE OF DEATH
rly classified. Ificate.	Village or City Sparrows Pt (No. Rosel	Registration Dist. No. 44  Auk Laukste. Ward)  (If death occurred in a hospital or institution, give its NAME instead of otreet and number.)
proper of certi	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ons on back of	3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)  6 DATE OF BIRTH  Sept. 13, 1/866  (Month) (Day) (Year)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attanded the deceased from 192 to 192 that I last eaw h C alive on 192 to 193 that I last eaw h C alive on 193 that E alive on 193 that I last eaw h C alive on 193 that E alive on 1
n terms so the	7 AGE    Jrs.   Jrs.	and that death occurred on the date stated above, at &m.  The CAUSE OF DEATH * was as follows:  Carpino we steri
ATH in plais mportant.	(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	(Durstion) 3 y 3 y 3 y 3 y 3 y 3 y 3 y 3 y 3 y 3
SE OF DEA	10 NAME OF PATHER Role Breton	(Signed) Humas R Symman Consum D  *State the Disease Causing Death, or, in deaths from
state CAU	(State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.
atement of 0	(Informant) Florence Brankam  (Address) Rose tunk are	Where was disease contracted, if not at place of death?
ete	Filed 6 / / 1983 / John S. Evernell Registrar	20 UNDERTAKER  SOMMAN Services St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Civil engineer, Stationary firemon, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a loborer, Farm laborer, Loborer-Cool mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation without more precise specification as Doy (a) the kind of work and also (b) the (b) Automobile factory. The material 3 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death telonus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis corbolic acid-probably suicide. The nature of the injury or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; Chronic valvular heart disease; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Examples: Accidental drowning; Struck by railway troin-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi Example: Measles (disease etc. The contributory Nomenclature of the Always qualify all not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	. PLACE OF D	EATH	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	LAND	95:00	198
1	County Baltimore				Registration Dist. No.	
	Village or City_	Raspeber			No. Summit ave. st.	Ward
	and the second	- 2			death occurred in a hospital or institution, give its NAME instead of street and nu ds. How long in U.S. if of foreign birth?	
9	. FULL NAME					
-		No. Summi			St. Ward.	
	(a) Residence: I	NO. Damma	(Usual place o	abode)	If nonresident give city or town and S	itate
	PERSONAL	AND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Male  4. COLOR OR RACE White  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)					21. DATE OF DEATH 20 (Month) (Oay)	193
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Pietsch					22. May 22 1934, to hum 2	
	DATE OF BIRTH (	16. days and 19.00	Tuno 10	1852	I last saw ham alive on Junale 20, 1924;	
	DATE OF BIRTH (mont	Months	June 19	If LESS than	to have occurred on the data stated abova, at	acatii 12 2ala
	82	- 0	1	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance	
-	& Trade, profassion,	, or particular			wara as follows:	Oate of onset
0	kind of work SAWYER, BOO	or particular dona, as SPINNER, OKKEEPER, etc	Bricklaye	p	a . a	
PAT	9. Industry or busin	ess in which			Kardio Venal Siriene	2 mas
OCCUPATION	SAW MILL, BA	e, as SiLK MILL, ANK, atc	13 Total Sin			
ŏ	this occupation	n-(month and	11. Total tin	tin this		
		Com			Othar Contributory Causes of Importance:	
12.	(State or country)	town)	nany.		7 tube I	1
œ	13, NAME	not known	2		- V Januariou	142
FATHER			not know	em	Name of operation 220 Qate of	
FA	14. BIRTHPLACE (city (State or coun		MOG MIO	ATT	Rl. Desai	ho
ER.	15. MAIOEN NAME	not 1	cnown		What test confirmed diagnosis. ———————————————————————————————————	
MOTHER			not known	1	Accidant, suicide, or homicide?	
MO	16. BIRTHPLACE (city (State or cour				Where did injury occur?	, 17
		Mrs. Sch	nelhaus.		(Specify city or town, county and State) Spacify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLAC	
17.	(Address)		ve. Ras	beberg	open, who is made of the state	
18.	BURIAL, CREMATION,	OR REMOVAL			Mannar of Injury	
	Place Sch	wartz Cem	· Date June	23,19.34	Nature of injury	
10	UNDERTAKERG	eorge W.	7.irkler		24. Was disease or Injury In any way related to occupation of deceased?	0
13.		29 North	ern Pärk	тау	If so, specify	
20	20. FILEO 6/22, 1934 Da Finty MD			t. mg	(Signad) Charles Duce	M. D.
20.	FILLU Med oborde	, 19 <i>J</i>		Registrar.	(Addrass) 408 & Patterson (	inte a

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
No. 6 ST			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gustroenteritis	1 year
12.3.6			
1/4			

PHYSICIANS should state CORD. Every item of infor-Exact statement of OCCUPA-AGE should be stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT properly classified. MARGIN RESERVED FOR BINDING CAUSE OF DEATH in plain terms, so that it may be properly claim is very important. See instructions on back of certificate. mation should be carefully supplied. N. B.—WRITE PLAINLY,

V. S. No. 1

1. PLACE OF DEATH  COUNTY  COUNTY  Village or City  Villa	STATE OF MARYLAND—	CERTIFICATE OF DEATH 957
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2. FULL NAME  (a) Residence: No. Next Perm Read St.  (B) Residence: No. Next Perm Read St.  (B) Residence: No. Next Perm Read St.  (Charles of abode)  EERSONAL AND STATISTICAL PARTICULARS  3.6EX  (C) L. COLOR, OR RACE (B) S. SINGLE, MARKIED, WIDOWED, OR INVESTED THE PARTICULARS  3.6EX  (A) L. COLOR, OR RACE (B) S. SINGLE, MARKIED, WIDOWED, OR INVOKED Complete word)  (B) WIJSAND of Complete St.  (Month) (Day)  (Was)  (Was)  (Month) (Day)  (Was)  (Was)  (Was)  (Month) (Day)  (Was)  (Was)  (Was)  (Was)  (Month) (Day)  (Was)  (Was)  (Was)  (Was)  (Month) (Day)  (Was)  (Was)  (Was)  (Was)  (Was)  (Month) (Day)  (Was)  (Was)  (Was)  (Was)  (Was)  (Month) (Day)  (Was)  (Was)  (Was)  (Was)  (Was)  (Was)  (Was)  (Month) (Day)  (Was)  (Was)  (Was)  (Was)  (Was)  (Month) (Day)  (Was)  (Was)  (Was)  (Was)  (Month) (Day)  (Was)  (Was)  (Was)  (Month) (Day)  (Was)  (Was)  (Month) (Day)  (Was)  (Was)  (Month) (Day)  (Was)  (Was)  (Month) (Day)  (Was)  (Month) (Day)  (Was)  (Was)  (Month) (Day)  (Was)  (Was)  (Month) (Day)  (Was)  (Was)  (Month) (Day)  (Was)  (Month) (Day)  (Was)  (Was)  (Month) (Day)  (Was)  (A letter by C ER T I FV That I standed decased for two transported on the date gated above, at. J. A. m.  The PRINCIPAL CAUSE OF DEATH and releted causes of importance were set colors.  (Salver of Death and the set of colors were set colors.  (Salver of Death and the set of colors.  (Salver of Country)  (State of Country)  (Was)  (Salver of Country)  (Was)  (Salver of Country)  (Was)  (Salver Centributery Causes of importance.  (Was)  (Salver Centributery Causes of impo	26	death occurred in a hospital or institution, give its NAME instead of street and number)
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What test confirmed diegnosis? Was there an eutopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State of country)  17. INFORMANT YOUNG  (Address)  18. BURIAL CREMATION, OR REMOVAL  (Address)  19. UNDERTAKE  Ohn  (Address)  20. FILED  What test confirmed diegnosis? Was there an eutopsy?  What test confirmed diegnosis? Was there an eutopsy?  23. If death was due to externel ceuses (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of Injury (Specify city or town, county and State)  Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury  Nature of injury  19. UNDERTAKE  Ohn  (Address)  24. Was disease or briting in any way related to occupation of deceesed?  (Signed)  (Signed)  Mas there an eutopsy?  24. Was disease or briting in also the following:  Accident, suicide, or homicide?  Date of Injury (Specify city or town, county and State)  Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Mas disease or briting in any way related to occupation of deceesed?  If so, specify (Signed)	4. BIRTHPLACE (city or town)	Name of operation Date of
17. INFORMANT Paral Michaelski  (Address) Old Battle grow  18. BURIAL CREMATION, OR REMOVAL Prot Tarms aus Date June 26, 1934  19. UNDERTAKEN John J. Juna au  (Address) 2 8 1/ Hudson of Mechaelski  20. FILED Law 25, 1934 J. W. Juna aus M. (Signed)  (Specify city or town, county and State)  Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	(State of country)	What test confirmed diegnosis? Was there an eutopsy?_
17. INFORMANT Paral Michaelshi  18. BURIAL CREMATION, OR REMOVAL Prot Tarms am Date Ame 24, 1934  19. UNDERTAKEN John L. Du da  (Address) 2 8 1/ Hudson State  20. FILED Mile 25, 1934 H When Daire May  (Specify city or town, county and State)  Specify whether injury eccurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether injury eccurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether injury eccurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether injury eccurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether injury eccurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether injury eccurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether injury eccurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether injury eccurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether injury eccurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether injury eccurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether injury eccurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether injury eccurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether injury eccurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether injury eccurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether injury eccurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether injury eccurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether injury eccurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether injury eccurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address) 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	15. MAIDEN NAME UNS Com	
17. INFORMANT Paris Michaels in Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address) Old Battle grow  18. BURIAL CREMATION, OR REMOVAL Prot Tarus aus Date we 26, 1934  19. UNDERTAKEN John John San St.  (Address) 28 1/44 05 cm St.  20. FILED we 25, 1934 4 Words in Company occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address) Address of Figury In any way related to occupation of deceased?  If so, specify (Signed) (Signed) (Manney County and State)  (Specify city or town, county and State)  Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address) 24 (Was disease or Injury)  (Address) 25 (Was disease or Injury)  (Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.	5 16, BIRTHPLACE (city or town) Conscionario	Accident, suicide, or homicide?, 19.
17. INFORMAN PROMICE COLLEGE Specify whether injury eccurred In INDÚSTRY, in HOME, or In PÚBLIC PLACE.  (Address) Old Battle Grow  18. BURIAL GREMATION, OR REMOVAL  Prof Tarus aus Date June 74, 1934  19. UNDERTAKE John June 24. Was disease or more Injury.  19. UNDERTAKE John June 25, 1934 June 25 and 1945 June 26. FILED June 25, 1934 Ju	∑ (State of country)	
18. BURIAL CREMATION, OR REMOVAL  Prof Torrison Date June 76, 1934  19. UNDERTAKE John J. June 24, 1934  19. UNDERTAKE John J. June 24  (Address) 28 1/74 05 cm pt  20. FILED Live 25, 1934 4 When in the Company of the	77:11 ++0 0	(Specify city or town, county and State) Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
19. UNDERTAKE John J. Julia 24. Was disease or mury in any way related to occupation of decessed?  (Address) 28 1/ Hudson of the so, specify (Signed)  20. FILED LAW 25, 1934 If When is my (Signed)	18. BURIAL, CREMATION, OR REMOVAL	
(Address) 28 11/24 05 on pt  20, FILED LIVE 25, 1934 GA W Granica ma (Signed)  (Signed)		Nation of injury.
20, FILED Leve 25, 1934 let We formices mo (Signed) (TM. Xermices M	19. ONDERTARE	1/ // // // // // // // // // // // // /
20, FILED WILL P. 1934 TI. TO SUPPLICE (1912)	(Adtoples) 28 11/24 ds on pt	MILLEN CONTRACTOR

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

	S	TATE C	F MAR	YLAND-	CERTIFICATE	OF DE	HTA	05800
	1. PLACE OF DEA	TH			22,			
County Baltimore				Mt.Wilson	Registration	Dist. No. 3	2	
	Village or City	t. Wilso	n		No.Tuberculor death, occurred in a horpital or ins	sis Sana	marylar toriumst.	Nard Ward
	Length of residence in c	ity or town where d	eath occurred	O yrs 6 mos	death occurred in a horpital or ins			
	2. FULL NAME	James G.	. Pitti	nger				
	(a) Residence: No.	3119 Dil	Usual place		St.,Ward.	Baltimor If nonresiden	e, Mary	land and State
	PERSONAL AN	ID STATISTI	CAL PART	ICULARS	MEDICAL	CERTIFICAT	E OF DEAT	H
3.		or or race White	s. single, MAI or Divorci Sing	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	June (Month)	26 (Day)	, 1934
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single				22. I HEREE December 22	YCERTIF	Y. That I atten	(Year)	
6	DATE OF BIRTH (month, da	u and wars All 6	nist 2n	0.081 6		June 26t		4 : death is said
	AGE Years	Months	Days	If LESS than	to have occurred on the date st			=_; death is said
	43	10	24	1 day,hrs.	The PRINCIPAL CAUSE OF DE			
OCCUPATION	8. Trade, profession, or p kind of work done, SAWYER, BOOKKEF 9. Industry or business is work was done, as: SAW MILL, BANK, 10. Date deceased last wo this occupation (no year)	n which SILK MILL, etc	Dalesma Dacco		Pulmonary Tu	iberculos	sis	Oct. 1931
12	2. BIRTHPLACE (city or town)			ryland.	Other Coutributory Causes of in			
2	(State or country)  13. NAME Richa	rd B. Pi	ttinge	Ţ·	Pulmonary He	morrhage	}	Apr.8 1934
FATHER	14. BIRTHPLACE (city or to				Name of operation NO C		4	of
ER	15. MAIDEN NAME M	ary E. C	Parrett		What test confirmed diagnosis? LUDETCLE DECI 23. If death was due to external	lli were	10und	an autopsy? NO
15. MAIDEN NAME Mary E. Garrett 16. BIRTHPLACE (city or town) Baltimore, Md. (State or country)				Accident, suicide, or homicide?.  Where did injury occur?		Date of injury	, 19	
17. INFORMANT Louis R. Schuerholz (Address) Mt. Wilson, Md.				Specify whether injury occurred	(Specify city o I in INDUSTRY, In H	r town, county and OME, or in PUBLIC	State) PLACE.	
18	B. BURIAL CREMATION OR Place	redial	Date June	- 29, 1934	Manner of injury		•	
19	O. UNDERTAKER John (Addiess)	4. M	a an Balt	ott.	24. Was disease or injury in any	way related to occur	pation of deceased?	No
20. FILED 11126, 1934 MGO Myce				(Signed)	y William	welle	Д	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

V. S. No. 1

N. B.

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Example II Example I The principal cause of death and related causes Date of onset . The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY P	PHYSIC	IAN
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V. S. No. 1

	for-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	A.	
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	VI.Y	e c	ATT	TION is very important. See instructions on back of certificate.
	AI	ld b	DE	y in
	PI	hou	OF	ver
	ITE	s u	SE	18
	WR	atic	AU	IO
	3.	E	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	I
	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	1	7	-

1. PLACE OF DEATH			
County Baltimore	Registration Dist. No.		
	No. 4320 Highview Avenue st., War		
2 FILLS NAME Charles Davids			
(a) Residence: No. 4320 Highview Avenue	A		
(Usual place of abode)	St., Ward.  If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE OR DIVORCED, WIDOWED. OR DIVORCED (write the word) Married	21. DATE OF DEATH  JUNE 3 , 193 4 (Year)		
5a. If merried, widowed, or divorced HUSBAND of Catherine Presti	, (1001)		
Trest sillering rest	22. I HEREBY CERTIFY. That I ettended deceesed fro		
6. DATE OF BIRTH (month, dey, end year) April 30, 1889	, 19, to, 19, 19		
7. AGE Years Months Days If LESS than 1 day,hr ormin.	t last sew h alive on, 19; death is se to heve occurred on the date steted above, at _2 _ 3 A _ M _ State of the PRINCIPAL CAUSE OF DEATH and releted causes of importance were es follows:		
8 Trade, profession, or perticular kind of work done, as SPINNER,	== 44 = 4 = = 00000004 + 0000000004		
SAWYER, BOOKKEEPER, etc. Barber  9. Industry or business in which	Myocardial Degeneration		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc  10. Date deceased last worked at this occuration (month) and this occuration (month			
10. Date deceased last worked at this occupetion (month and year) 5/34   11. Total time (yeers) spent in this occupetion 20	( Sudden Death )		
12. BIRTHPLACE (city or town) Cefatu, Sicily	Other Cautributory Causes of importance:		
	Acute Dilatation of Heart		
13. NAME Vincent Presti	Neme of operation Dete of		
(State or country)	What test confirmed diegnosis? Wes there an eutopsy?		
15. MAIDEN NAME Angela Micciccke	23. If deeth was due to external ceuses (VIOLENCE) fill in also the following:		
15. MAIDEN NAME Angela Miccicke  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?		
E (Stete or country)   † a   v	Where did injury occur?		
17. INFORMANT <u>Catherine Presti</u> (Address) 4320 Highview Aye.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
Place Program Determined 19	Manner of injury		
19. UNDERTAKER RALLES SINGER S	Neture of injury 24. Was diseese or injury in any way releted to occupetion of deceesed?		
20. FILED 4, 13 Lefter	(Signed) Jane 1. Jarrell Coroner Me		
Registray.	(Address) Halethorpe, Md.		

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V. S. No. 1

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1. PLACE OF DEATH County Baltimoie	23
Village or City Mt Pleasait Saualoum	Registration Dist. No. St., Ward deall occurred in a hospital or institution, give its NAME instead of street and number)  1. ds. How long in U.S. if of foreign birth?
2. FULL NAME Louis Lising  (a) Residence: No. 26/8 Visual place of abode)	Utwisse The If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Market -	21. DATE OF DEATH Jeone 98 1937 (Year)
5a. If marriad, widowed, or divorced  HISPAND  (or) WIFE of FAULUIC RUSIG  6. DATE OF BIRTH (month, day, end year)  7. AGE  Years  Months  July  1 day, hrs. or min.	22. I HEREBY CERTIFY, That I attended deceased from  June 5, 194, to June 28, 1934  I vast saw hairs elive on June 28, 1934; death is said to have occurred on the date steed above, at 6:30 Am.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date plonset  And Market Pulmoning June 1944  Date plonset  2. 1/444
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, atc.  10. Date deceased last worked at this occupation (most) and year)  12. BIRTHPLACE (city or town) (Stata or country)  13. SILK MILL. See Plant 11. Total time (years) spent in this occupation Occupation  12. SIRTHPLACE (city or town) (Stata or country)	Other Contributory Couses of importanca:  Tubenculoris of Larynt Paper
13. NAME  14. BIRTHPLACE (city or town)  (Stata or country)  15. MAIDEN NAME  Pauling Katy	Name of operation Date of What test confirmed diagnosis? Was there an autopsy? 23. If daath was dua to externel causas (VIOL ENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. MAIDEN NAME  Pauling Naty  October  (Address)  18. MAIDEN NAME  Pauling Naty  (Address)	Accidant, suicide, or homicide?
18. BURIAL, CREMATION OR REMOVAL Place Delle 29, 1934	Manner of injury
19. UNDERTAKER JACK Sewis Inc. (Addiass) 1439 EBELLO. St.	24. Was disaase or injury in eny way related to occupation of deceased? 16.
20. FILED frace 28, 1934 Dt MSLa 98 Registrar.	(Signed) MOSCULL CORE M. D. (Addrass) MIT Packsaul Acisters town, M. 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

CEDTICICATE OF DEATH

CTATE OF MADVI AND

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

V. S. No. 1 N. B.

-	STATE OF MARYLANI	D-CERTIFICATE OF DEA
UPA-	1. PLACE OF DEATH	(191)
000	County Bulling	Registration
F.0	Village or City Beakleysvelle	No.
	Length of residence in city or town where death occurred 4.0 yrs.	(If death occurred in a hospital or institution, give its NAMI
tatement	2. FULL NAME Charles M. 1	
state	(a) Residence: No. (Usual place of abode)	St., Ward.

Village or City Beakleysvelle	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Charles M. P.	er
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OF DIVORCED (write the word)	21. DATE OF DEATH 6 29 193.4 (Year)
5a. If married, widowed, or divorced HUSBAND of (on) WHEE of Turne Cooper Rice  6. DATE OF BIRTH (month, day, and year)  M. May 17-1862	1 HEREBY CERTIFY, That I attended deceased from 29, 1934, to home 29, 1934
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, all a long m.
77 / / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, Harry.	172 ch (Par 1)
9. Industry or business in which work was done, as SILK MILL, Own Harm	The 29 mg 29 mg 29 mg 29 mg
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month broken) year) occupation.	
12. BIRTHPLACE (city or town) Mary love of	Other Contributory Causes of importance:
13. NAME Lewis Rice	
13. NAME Lewis Riace 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME (Curling Weller  16. BIRTHPLACE (city or town)	23. If death was due to external causes (ViOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
E (State or country) & Nacyleud	Where did injury occur?
17. INFORMANT My Chas M Rice (Address) Lambstead Mid	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Industry
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Juva Run Date July 1, 1934	Nature of injury
19. UNDERTAKER Odu CHILLON (Address)	24. Was disease or injury in any way related to occupation of deceased? No.
20. FILED 6-30, 1934 C & Fruth McLO Registrar.	(Signed) Hamefrolead Mc M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
DIPLOMENT S. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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STATE OF MARYLAND—CERTIFICATE OF DEATH	804
1. PLACE OF DEATH	
County Baltimore Registration Dist. No. 3 3	
Village or City (Carrogs Mills), Med. Rosewood State graining School St.	Ward
(If death occurred in a horpital or institution, give its NAME instead of street and numb  Length of residence in city, or town where death occurred 4 yrs. 5 mos. 28 ds. How long in U.S. if of foreign birth? yrs. mos.	er)
2. FULL NAME James Christing Ritter. not foreign link.	
(a) Residence: No. 1750 Juintpelier St. St., Ward.	
(Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,  21. DATE OF DEATH	
male. White, OR DIVORCED (write the word) 5 (Month) (Day)	/ (Year)
5a. If married, widowad, or divorced HUSBAND of	
(or) WIFE of  22. 1 HEREBY CERTIFY, That I attended daca  May 26, 1934 to June 5,	10 3 Y
1 1 1 2 2 1 1	th is said
7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 10:45 p.m.	
10 4 25 I day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:	te of onset
8. Trade profession or particular	
SAWYER, BDDKKEEPER, atc. Sumale Rosewood 1. measles.	ay 26,3
work was done, es SILK MILL, Clavings huels, and, 2. Bruncho- Vacumenta.	ne 2, 139
kind of work done, as SPINNER, Sumate Rosewood 1. measles.  9. Industry or businass in which work was done, es SILK MILL, Cowings Invests, Und, SAW MILL, BANK, atc.  10. Date deceased last worked et this occupation (month and yeer)  11. Totel time (yeers) spent in this occupation.	
12. BIRTHPLACE (city or town) Baltimore, Sud.  (State or country)	
E Dat:	
14. BIRTHPLACE (city or town) / Dallimoic, Md.   Name of operation Mone   Date of	20.
15. MAIDEN NAME Anna C. Lloyd. 23. If death was due to externel causes (VIOLENCE) fill in also the following:	y:
15. MAIDEN NAME Anna C. Lloyd.  23. If death was due to externel causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Date of Injury  (State or country)	19
Where did injury occur?	
17. INFORMANT Sustitutional Records.  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  (Address) Rosewood State Granewy School	
18. BURIAL, CREMATION, OR BEMOVALO Manner of injury	
Place Lo allo Cen Data June 8, 19 T Nature of injury	
19. UNDERTAKER Philip Horung Sons. 24. Wes disaase or injury in any way related to occupation of deceased? The (Addrass) 20. (Addrass) 15 so. specify.	•
(Addrass) 2016 Onleans of If so, specify (Signad) Harry G. Builler	M. D.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	4-0	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial neptril	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
7E61 32			
Other contributors puses of importances		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
- 14	1		

V. S. No. 1

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Example I	II.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 Ä

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STATE OF MARYLAND	CERTIFICATE OF DEATH 05806
1. PLACE OF DEATH	<u> </u>
County Baltimore	Registration Dist. No. 1
Village or City Overlea	ND. St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs,	_mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Baby Roche	
(a) Residence: No. 604 Old Home Road	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the wo	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, that I ettended deceased from
June 18 1934	por 17, 19 2, 10 June 17, 19 3 4
6. DATE OF BIRTH (month, day, end yeer)  7. AGE Years Months Days If LESS to	i lest saw h alive on, 19; death is seld to have occurred on the date stated ebove, et
1 day,mil	The PRINCIPAL CAUSE OF DEATH end releted causes of Importance
8. Trede, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which	Till town
work wes done, as SILK MILL, SAW MILL, BANK, etc	
year) occupation occupation	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) (State or country)	
E 13. NAME Louis J Roch	
13. NAME LOUIS J ROCH  14. BIRTHPLACE (city or town) Balto	Name of operation Dete of
(State of country)	What test confirmed diegnosis?
15. MAIDEN NAME 6 Balto	23. If deeth was due to externel causes (ViOL ENCE) fill in eiso the following:
[ 16, BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19
(State of Country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT JOUSS Roch	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	ROACI
Plece Baltimore Gem June 18	Neture of injury
19 UNDERTAKER John Ullrich	24. Was disease or Injury in any wey related to open pation of deceased?
(Address) 2008 Orleans St. /	If so, specify
20, FILED 6/18 , 1934 B. a. Fritz M. Registr	(Signed) M. D. (Address) Q. (Address) M. D.
	tistrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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1.1	Example II	
Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
	1915 1921 July5,1927	Date of onset  The principal eause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

STATE OF MARYLAND	CERTIFICATE OF DEATH 05807
1. PLACE OF DEATH	<u> </u>
County Gallingte . 20	Registration Dist. No.
Village or City Cut Still	No Cromwell Bridge Road Ward
1/2 of the second	death occurred in a hospital or institution, give its NAML instead of street and number)
Length of residence in city or town where death occurred mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME FREADRICK C. Nogsel	3
(a) Residence: No. Cornwell Wridge (	Ward.
(Usual place of abyte)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE ORDIVORCED (write the word)	21. DATE OF DEATH
Male Hall Married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Mary a. Mossel	19 Wes 7 th 1934 to June 5 934
6. DATE OF BIRTH (month day, and year Fol 8 1880	I last saw Residue on June 9 1934 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 150 m.
54 3 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
& Trade profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc. / Lating Compander	Carring of Bladder Jan 19.
9. Industry or business in which work was done, as SILK MILK. Hand	
kind of work done, as SPINNER LEAVING Computer SAWYER, BOOKKEEPER, etc 9: Industry or business in which work was done, as SILK MILL Local Control SAW MILL, BANK, etc 10. Date deceased last worked at this excuration (reports and control to the securation from the and control to the securation from the and control to the securation for the security for the securation	
10. Date deceased last worked at this occupation (plonth and 10 / 93% spent in this 24 year)	
12 Hi and	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	Cardiae Vaclure
	- Lmo.
E 13. NAME firedonds ( Cogod	
14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Arma Smith	23. If death was due to external causes (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury
(State or country) Hermany	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT MAY COMPLETE (Address)	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR. REMOVAL	Manner of injury
Morelland Memorial Date June 8, 1934	Nature of injury
19. UNDERTAKER Grederick Indischus Jones	24. Was disease or injury in any way related to occupation of deceased? 2
(Address) 7401 Below Road	If so, specify
20. FILED 6/7 1984 Phillip My frame of	(Signed) Nover I (Signed) M. D.
Registrar.	(Address) 426 Hayford Cd

CTATE OF MADVI AND

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of of importance were as	death and related causes follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	FOFIVED	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	301 9 1824	3 days ago
		2	101 10 10 10 10 10 10 10 10 10 10 10 10	
Other contributory causes of importance:		Other contributory cau	ses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH infor 1. PLACE OF DEATH OCCI Jo pluods Registration Dist. No jo (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of rasidence in city or town where death occurred \_\_\_\_ds. How long in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos. statement CORD. (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, (1) OR DIVORCED (write the word) rearried (Month) (Day) 5a. If married, widowed, or divorced HUSBAND of CERTIFY That I attended deceased from (or) WIFE of H 6. DATE OF BIRTH (month, day, and year) properly to have occurred on the data stated above, at 2.2 7. AGE Months Davs If LESS than Years FOR 1 day, \_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importanca or .... min. were as follows Date of onset 8. Trade, profession, or particular OCCUPATION kind of work dona, as SPINNER, RESERVED jo SAWYER, BOOKKEEPER, etc .... back may 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc .... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this that occupation \_\_\_\_\_ MARGIN 12. BIRTHPLACE (city or town (State or country) in plain terms, HER 13. NAME FAT Name of operation 14. BIRTHPLACE (city or town)\_ carefully (Stata or country) What test confirmed diagnosis?\_\_\_\_\_ Was there an autopsy?\_ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: CAUSE OF DEATH 16. BIRTHPLACE (city or town) (Stata or country) Whera did injury occur?\_\_\_ should be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 17. INFORMANT. (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury LION Nature of injury\_ 24. Was disease or injury in any way related to occupation of deceased?. 19. UNDERTAKER (Address) If so, specify 20. FILED. Registrar.

diress and Registrar, 2411 N. Charles Street, Balimore, Requesting V. S. No. 1.

BINDING

(Year)

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cruses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	The No.	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	2010	Run over by street car	1 week ago
Cerebral hemorrhage	A (1) 15 15	Perilonitis	3 days ago
	17.		
Other contributory causes of importance:	145	Other contributory causes of importance:	
Gallstones	Man 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

V. S. No. 1

ż

1. PLACE OF DEATH ·	CERTIFICATE OF BEATH USSU.
County Baltimore	Registration Dist. No.
Village or City Pandallstons	ND. St., Ware  [f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 44 yrsmo	sds. How long in U. S. if of foreign birth?yrsmosds
(a) Residence: No. Paudlelstand (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
HUSBAND of Cor WIFE of Corp.	22. I HEREBY CERTIFY. That I attended deceased fro
6. DATE OF BIRTH (month, day, and year) Self- 26. 1840	(last saw her alive on June 33 , 193 x; death is sai
7. AGE Years Months Days If LESS than 1 day,hrs.	THE PROPERTY ALL CAUSE OF DEATH and resided causes of importance
8 Trade profession or particular	Cerebal Kessans Lord Son
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  11. Totat time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Paudalletown (State prepuntry)	Other Contributory Causes of Importance:
h 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1	_
13. NAME  14. BIRTHPLACE (city or town). Services  (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAM Darbarg Heinrich	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
7. INFORMANT CADDES (Address)	Where did injury occur?
8. BURIAL, CREMATION OR EMOVAL Place M. Olive Date June 26, 1935	Manner of Injury
19. UNDERTAKER JOD. B. Cook (Address/10037). Balleyross-	24. Was disease or injury in any way related to occupation of deceased?  If so, specify
20. FILED une 25th, 1934 Do h. Supper	(Signed) Party M.  (Address) Raudallatown Md

STATE OF MADVI AND CEDTIFICATE OF DEATH

412 (7/11)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED

1. PLACE OF DEATH	250
County Pallanare	Registration Dist. No.
Village or City_EUDOWOOD_SANATORIUM, TOWSON	MNO: St Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)  12 ds. How long in U.S. if of foreign birth?
0 + 0	now long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Blatuce Glnewor S	achs. Bot.
(a) Residence: No. 3 & 22 Clark Heights (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22 I HEREBY CERTIFY, That I attended deceased from
A-0	Jamay 26, 1933, to June .7, 1934
6. DATE OF BIRTH (month, day, and yeer) October 12 1911	i lest saw her Valive on June 7, 1934; death is seid
7. AGE Yeers Months Deys If LESS than 1 dayhrs.	to have occurred on the date dated above, at 4.1.15.Am.
22 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, Music SAWYER, BOOKKEPER, etc.	Pulman Later Din hos
9. Thoustry or business in which work was done, as SILK MILL.	1929
SAW MILL, BANK, etc	
this occupetion (month and 1919 spent in this //2 occupation //2	
12. BIRTHPLACE (city or town) Chileago (State or country)	Other Contributory Causes of importance:
II 13. NAME & O LONG AM & QUE LES.	
E	Neme of operation MWL Dete of
[14. BIRTHPLACE (city or town)	V. Po =
IS. MAIDEN NAME . K. MOLOLOM.	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME ( Manson . 16. BIRTHPLACE (city or town) Pussia.	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
Hoppital Records Personal History Eudowood Sanatorium, Towson, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place felper Camelany Date 9/8/34,19	Nature of injury
19. UNDERTAKER fleek Janis Janes (Addless) 1438 E. Barth John	24. Wes disease or injury In any way related to occupation of deceased?
20. FILED Sive 7. 1934 USP Bell Registrar.	(Signed) A Gaillette M. D.  (Address) Towson, Md.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
41 481 6 1836	1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Registrar.

negded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

Find

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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	Example I		Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	BECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne	phritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	Jul 9 1934	July 5,1927	Peritonitis	3 days ago	
	RUDDAU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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FOR BINDING

MARGIN RESERVED

1. PLACE OF DEATH			(23)			1 -
County Balling	4			Registration D	Dist. No.	0
Village or City Wokels C	liff death occurred	(li	No.  death occurred in a hospital or institut  ds How long In U.S. if of	ion, give its NAME	St.,	Ward number)
2. FULL NAME Sister Mas		HE Schal				
	(Usual place o			If nonresident g	ive city or town an	d State
PERSONAL AND STATIST	ICAL PARTIC	CULARS	MEDICAL CE	ERTIFICATE	OF DEATH	
3. SEX 4. COLOR OR RACE Female White		RIED, WIDOWED.  O (write the word)	21. DATE OF DEATH	/ 72.(	6 (Day)	., 193 4
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of				CERTIFY	, That I attended	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months			I last saw h_£7 alive on to have occurred on the date stated	June 6	,19.3 5	, 19.3.4. ; death is said
29  STrade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and second in this properties that the second in this second in thi		The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Pulmon any Tuberculous		Date of onset		
10. Date deceased last worked at this occupation (month and 19.30		Other Contributory Causes of impor	tance:			
	Schrue fer	,				
13. NAME Joseph S  14. BIRTHPLACE (city or town) (State or country)	Balsimo	ue Ucd.	Name of operetion What test confirmed diagnosis?			
15. MAIDEN NAME  Catherine Kizchner  16. BIRTHPLACE (city or town)  (State or country)		23. If death was due to external caus Accident, suicide, or homicide? Where did Injury occur?	es (VIOLENCE) fill  Conscient city or to	in also the followin	g:	
17. INFORMANT St. Mary Clara Wotch Cliff Med.  18. BURIAL, CREMATION, OR BEMOVAL		Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.		ACE.		
Place Notet Chiff Med Date June 9 1934		Manner of injury Nature of Injury				
19. UNDERTAKER Cleans Ci. (Address) 9/5 m Jan	Timbo	u Mod.	24. Was disease or injury in any wa	y related to occupat	ion of deceased?	9/9
20, FILED 6/8 , 1934 JP2	blanks are needed as	Registrar.	(Signed) (Address)	y Irl	lu f	eus

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I		
causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
A 1921	Run over by street car	1 week ago
O 5445,1927	Peritonitis	3 days ago
OF TO	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 Satus, 1927	of importance were as follows:  Attack of cpilepsy  Run over by street car  Peritonitis  Other contributory causes of importance:

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05813
1. PLACE OF DEATH	(3)
County Sellimine	Registration Dist. No.
Village or City Jey as	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs,mos	ds How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Coursed Selling	y
(a) Residence: No. July Consult place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a, If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. Thet I attended deceased from
6 DATE OF DIPTH (month day and year) Withream 1853	Hast saw h elive on may 31, 19.3. Y death Is sald
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, et
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance
8 Trade profession or particular	were es follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	(Mury ) clerus
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  S-Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceesed last worked at this occupation (month end soent in this	
SAW MILL, BANK, etc	anome regime is the
this occupation (month end spent in this occupation	J
0.0	Dther Coatributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
II 13. NAME	
13. NAME  14. BIRTHPLACE (city or town)	Name of operation Date of Date of
(State of Country)	Whet test confirmed diagnosis? Wes there an eutopsy?
The state of the s	23. If deeth wes due to external causes (VIDLENCE) full in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did Injury occur?(Specify city or town, county and State)
17. INFDRMANT Clumbur Revery (Address)  Let as Ma	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Plece Styoseph Date Jun 4 7,1934	Nature of injury
19. UNDERTAKER John Journs Sour	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Lane 2 , 1934 William & Chilcon	(Signed) OS (Selman) M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes Date of onset of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

CAUSE OF DEATH in plain terms, so that it may be properly classified.

AGE should be

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

# STATE OF MARYLAND-CERTIFICATE OF DEATH

64	5-	(	1	/1
U	0	8	J.	4

1. PLACE OF DEATH	
County Dallo .	Registration Dist. No. 43
Village or City Intertage	NoSt.,Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmosds.
int of " North	
2. FULL NAME JACUS SOUTH	OL Wash
(a) Residence: No. Teallelle (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH /9 , 198 3 4
5a. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That t attended deceased from 19, 19, 19, 19
6. DATE OF BIRTH (month, day, and year) Areno 19 1934	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Muscamuse
9. Industry or business in which work was done, as SILK MILL,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	
this occupation (month end spant in this year) occupation	
12. BIRTHPLACE (city or town) - 4 ullertan	Other Contributory Causes of importance:
(State or country)	
13. NAME Stomen Septon	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Jana Julius	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Oate of injury, 19
S (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Address)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Gastred Date, 19	Nature of injury
19. UNDERTAKER Bulled by pasents-	24. Was disease or injury in any way related to occupation of deceased?
100 0000	(Signed) Sustaire 9 - First M. O.
20. FILED 919. 19329 Registrar.	(Address) 6801 Belais OKA

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was donc.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	€ 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	S. 1	Other, contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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PLACE OF DEATH County Bale Co	STATE OF MARYLAND 15 CERTIFICATE OF DEATH
Village or City New Chenel (No Shrie	Registration Dist. No. 32  St.: Ward) (If death occurred In a hospital or institution, give its NAME in
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 3c , 1923.5.  (Month) (Day) (Year)
6 DATE OF BIRTH  (Month)  (Day)  (Year)	that I last sew here alive on June 27, 1923.
7 AGE    If LESS than   day   hrs.   ds.   or   min.?	
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  Muslington Co Steel	(Duration) yrs. 4. mos. ds.  Contributory Secondary  (Duration) yrs. mos. ds.
FATHER Dem Canon  11 BIRTHPLACE OF FATHER (State or country) Dece he	(Signed)
OF MOTHER Down The 13 BIRTHPLACE OF MOTHER (State or Country) Druce The	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds.  Where was disease contracted,
(Informant) My Esther Manie Kysne (Address) Pelenell	Where was disease contracted, if not et place of dea.h?  Former or usual residence  19 PLACE/OF BURIAL OR REMOVAL W CATE OF BURIAN MY 1, 13 9
If more banks are needed, address State Registrar	20 W DE TAKE Way hall 5539 Fall Ry
If more blanks are needed, address State Registra	t, to at pararoka pred patros vedaranting at present

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Physician, Compositor, Architect, Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). For persons who have no occupation (b) Cotton mill; (a) Stationary fireman, etc. But in many Salesman, (b) Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

State cause for which surgical operation was undertetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritoritis," etc. or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," American Medical Association.) approved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traindiseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is lcss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Whooping cough; Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY interstitial nephritis, Chronic etc. valvular heart Nomenclature The contributory disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

# STATE OF MADVI AND CEDTIFICATE OF DEATH

1. PLACE		OF MAR	TLAND—	CERTIFICATE OF DEATH	00010
County	Baltimore		The Land	Registration Dist. No. 32	
Village or	City Mt. Wil		(1	No. Tuberculosis Sanatoriumst.,	Ward
Length of ra	asidenca in city or town where	daath occurred	1yrs7mos	s. 15 ds. How long in U.S. if of foreign birth? yrs.	_mosds
2. FULL N	AME Edna A	. Skipp	er		
	ence: No.	(Usual place		St., Ward. Stevenson, Md.  If nonresident give city or town a	and State
	NAL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
Female	4. COLOR OR RACE White	OR DIVORCE	RRIED, WIDOWED, D (write tha word)	June 16th,	, 193 4 • (Year)
5a. If married, wido HUSBAND of (or) WiFE of	owad, or divorced Charl	es Skip	per	22. I HEREBY CERTIFY, Thet I ettend November 1st, 19 32 to June 16t	ed deceased from
6. DATE OF BIRTH	I (month, day, and year)	anuary	6. 1898.	Hast saw h.er. aliva on June 16th, 193	
7. AGE Ye	ears Months 5	Days 10	If LESS than I day,hrs.	to have occurred on the date stated above, at 12.55 P.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	CEL; death is said
8. Trada, prof kind of SAWYE	assion, or particular work dona, as SPINNER, R, BOOKKEEPER, atc	Housew	ife	Pulmonary tuberculosis	Date of onset
Kind of work done, as SPINNER, Housewife SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data daceased last worked at 11. Total tima (yaars)					
10. Data daceased last worked at this occupation (month and year)  11. Total time (years) spent in this 16 yr					
12. BIRTHPLACE (c				Othar Contributory Causes of importanca;	
1	Daniel Conn			Laryngeal tuberculosis	Apr.
	Rel+	imore		and bronchiectasis.	1934
Stata	E (city or town) Wary			Neme of operation No operation Deta of	
I 15. MAIDEN N			on	What test confirmed diagnosis? X—TAY, and was there as the confirmed diagnosis? X—TAY, and was there as 23. If death was due to external causes (VIOLENCE) fill in also the following	n autopsy?_NO
	E (city or town) Cha	rles Cou		Accidant, suicida, or homicide? Date of injury	
17, INFORMANT(Address)	Touis R. la	duerko	g	Whare did Injury occur? (Specify city or town, county and S Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC I	tate) PLACE.
18. BURIAL, CREMA	TION OR REMOVAL	1	2 19,1934	Manner of Injury	
19. UNDERTAKER	1 Flatine +	Sons	\$7.	24. Was disease or injury in any way related to occupation of deceased?  If so, specify	)No
20. FILE	18,1934	1100	Myse	(Signed) Mt. Wilson Md.	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

-WRITE PLAINLY,

N. B.

PHYSICIANS should state RECORD. Every item of infor-

stated EXACTLY. PHYSICIANS SHOWS stated EXACTLY.

WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING

AGE should be

be

TION is very important. See instructions on back of certificate.

mation should be carefully supplied. AGE should CAUSE OF DEATH in plain terms, so that it may

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example 1	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example I	3.	Example II	
The principal cause of death and related causes of importance were as follows:	Pate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1931	Run over by street car	1 week ago
Cerebral hemorrhage	July 1927	Peritonitis	3 days ago
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PEI	mation should be carefully supplied. AGE should be stated E	CAUSE OF DEATH in plain terms, so that it may be properly	TION is very important. See instructions on back of certificate.
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH			
1. PLACE OF DEATH	4			
County Ballo	Registration Dist. Np.			
Village or City Kustinstown	NoSt,Ward			
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.			
2. FULL NAME 6 alhume / Shulh				
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDDWED, OR DIVORCED (write the word)	21. DATE OF DEATH 7 (9, 193 4) (Year)			
5a. If married, widowed, or divorced HUSBAND of (or) WiFE of	22. I HEREBY CERTIFY, Thet I ettended decessed from			
6. DATE OF BIRTH (month, day, and year) May 3 1873 7. AGE Years Months Days If LESS than	I last saw have elive on Jack 1934; death is said to have occurred on the date stated above, et 334 Pm			
63 / 13 lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:			
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	Caraman 7 1//33			
S. Hele piotession, of particular land with work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, Agustion SAW MILL, BANK, etc.  1D. Date deceased last worked at this occupation (month and yaar)  11. Total time (years) spent in this occupation	Jihes Tute			
12. BIRTHPLACE (city or town) Balto 68 (Stata or country)	Other Contributory Causes of importance:			
13. NAME John Smith				
13. NAME Smith  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?			
15. MAIDEN NAME It inefted gan  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?			
17. INFORMANT Miss It inefed South (Address) Rustustour Mid	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL Place Druin Pulge Date June 22, 1934	Manner of injury			
19. UNDERTAKER La Colonia Somo (Addrass) Bustinstown Mich	24. Was disease or injury in any way related to occupation of deceased?			
20. FILED. June 28, 1934 V8 males Registrar.	(Signed) T. M. D. M. D. (Address) Production M. D.			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	4 1004		
Other contributory causes of importance:	. 6/ 45	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	William Williams	-~_,	

V. S. No. 1 N. B.—

i	)										)
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	WITH	UNFAD	ING IN	NK-T	HIS	IS A PEI	RMANENT	RECORD	. Every	item of	infor-
mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	efully	supplied.	AGE	plnods	he	stated E	XACTLY	. PHYS	ICIANS	plnods	state
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	in plain	n terms, s	so that	it may	pe	properly	classified.	Exact sta	tement	OCC Jo	UPA-
TION is very important. See instructions on back of certificate.	int. S.	ee instru	ctions o	n back	of o	certificate.					

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 05815
1. PLACE OF DEATH	<u> </u>
County Salkmure	Registration Dist. No. 30
Village or City Calonwelle Mid	No. 46 Wenter St., Ward
Length of residence In city or town where death occurredyrsmo	If death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmosds.
9. 4	C A
2. FULL NAME My Marker Dog	Smille
(a) Residence: No. 46 W. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yelf)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Teste 2 1934	l last saw h alive on 19 death is seid
7. AGE Years Months Days Af LESS than	to have occurred on the date stated above, atm.
1 day,hrs	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Cf of P
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc  10. Date deceased lest worked at this occupation (month and specific properties).	Duce on
work was done, es SILK MILL; SAW MILL, BANK, etc	
10. Date deceased lest worked at this occupation (month end year) spant in this occupation occupation	
0 1 11.20	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Course linkhown
13. NAME 13. NAME	all in aline
13. NAME  14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Abella Swith	23. If death was due to external causes (VIOLENCE) fill in also the following:
[ 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of Injury
(State or country) Keer and to the	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Shalla Smithe (Address) (Williams Caro Colonis and	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place allter for Haward Date use 1, 1934	Nature of injury
19. UNDERTAKER aleranglis Smith Grothe	24. Was disease or injury in any way related to occupation of deceased?
(Address) 18 westly and Coloure 100	If so, specify
20. FILED June 4, 1974/ Marshall Bland Registrar.	(Signed) M. D. M.
If more blanks are needed, address State Registra	7, 2411 N. Charles Streat Baltimore, Requesting V. S. No. 1.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows;	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arterioselerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
W WEAU					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

V. S. No. 1

TION is very important. See instructions on back of certificate.

	SIAIL OI MARILAND	CERTIFICATE OF DEATH
1.	PLACE OF DEATH	(95-2)
	County / fallemore County	Registration Dist. No.
	Village or City Domosoo Pourt	No. 822 5 Thater Ward
		death occurred in a hospital or institution, give its NAME instead of street and number)
2	FULL NAME Here west to Stair	ds. How long in U.S. if of foralgn birth?yrsmosds.
2.		w rock
	(a) Residence: No. Salar Salar (Usual place of abode)	St., Ward.  If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SE	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
	Carocas D D D down	(Month) (Day) (Year)
5a. II	f married, widowad, or divorced HUSBAND of (or) WIFF of	(1001)
-	(or) WIFE of George Seminoral C	22. I HEREBY CERTIFY, That I attended deceased from
6. D/	ATE OF BIRTH (month, day, and year)	I last saw h aliva on 19 8 4; daath is said
7. AC	TI ELSS (Hall	to have occurred on the date stated above, at
4	3 43 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca were as follows:
NO	8. Trade, profession, or particular kind of work dona, as SPINNER,	I toward decident ones
OCCUPATION	9. Industry or business in which	Asportensus codos 12,440
'UP	work was dona, as SILK MILL, SAW MILL, BANK, etc.	Jana disease
000	10. Date daceased last worked at this occupation (month and spant in this year)	
12. B	IRTHPLACE (city or town) Silleton (State or country)	Other Contributory Causes of Importance:
ER I	13. NAME TOOLS TOOLS	Alasans.
FATHER	(Stata or country)	Name of oparation Date of
2 1	15. MAIDEN NAME Talle Harris	What test confirmed diagnosis? Was there an aulopsy?
MOTHER	6. BIRTHPLACE (city or town) Habitan Co- (State or country)	23. If death was due to axternal causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
	(Orace of Country)	Where did injury occur? (Specify city or town, county and State)
	(Address) 817 Day Jacons Mag	Specify whether injury occurred in INDUSTRY, In HOME, er in PUBLIC PLACE.
18. Bt	Place LL Duran Don Lune 3 1084	Manner of injury
	Place Date Date 11901	Nature of Injury
19. UI	NDERTAKER C. Mass Formand Control	24. Was disease or Injury In any way related to occupation of deceased?
20. FI	LED Mu 21, 1934/9 Me formies (m2)	(Signed) M. D.  (Address) LOO T That Grand Company (A)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUREAU V. S.	,		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		a.	

-	STATE (	OF MARYLAND-	CERTIFICATE OF DEATH	05821
1. PLACE (	12			
County	Dalten	01	Registration Dist. No.	2
Village or	city Cato	sorlle Spr	dealy occurred in a horpital or institution, give its NAME instead of street and the	Ward
Langth of re	esidance In city or town whera	death occurred		
2. FULL NA	AME Q	May Otan	stury DA A+ +	2
(a) Reside	ence: No. 7200	Eastern	aste Ward.	0 0
(Usual place of abode)			If nonresident give city or town and	State
		TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
7emalo	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  June 26 9  (Month) (Day)	, 193 4 (Yaar)
5a. If married, wido HUSBAND of	owad, or divorced			1 2 7
(or) WIFE of renker oron		rum	22. 1 HEREBY CERTIFY, That I attended	-
C DATE OF BIRTH		Oct. 22, 1879		C, 19.3 4
	(month, day, and yaar)	Days If LESS than	to have occurred on the date stated abova, at a Top m.	; death is said
	0	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance	
8. Trade prof	fassion, or particular	9   ormin.	were as follows:	Date of enset
kind of SAWYE	R, BOOKKEEPER, etc.	ousevil		
SAW M	r business in which vas done, as SILK MILL, IILL, BANK, etc.	Channe	Caroniana of Breast	17/2.
O 10. Data dacea this occ year) _	esad last worked at cupation (month end	2. In Total tima (years) spent in this 22 4		
12. BIRTHPLACE (	city or town) Bol	times	Other Contributory Causes of importence:	
(State or co	untry)	na	metastases to office	Inos
13. NAME	Hetcher	green	organs.	
14. BIRTHPLAC	CE (city or town)	21	Name of operation Romanal Dead alando Data of	ug 19-
(Otate t	or country)	Ld.	What test confirmed diagnosis? Was there an a	utopsy?
15. MAIDEN N	AME Enma	Higgins	23. If death was dua to axternal causes (VIOL ENCE) fill In also the following	
16. BIRTHPLAC	CE (city or town)	? //	Accident, suicide, or homicide? Data of Injury	
	or country)	rid	Whare did injury occur?	
17. INFORMANT (Address)	Robert 6	Lampburg	(Specify city or town, county and State Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	(CE.
18. BURIAL, CREMA	ATION, OR REMOVAL	1/-	Manner of injury	
Placa 02	of Java	Date 6/29 1934	Nature of injury	
19. UNDERTAKER	John De	isla &	24. Was disaase or injury In eny way related to occupation of decaased?	
20. FILED.	7 19 7	Chilia	If so, specify (Signed) (Signed)	M. D.
12	-/ 34	Registrar.	(Addrass) Catono oll - Dr	de.
	If more	blanks we needed, uddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	- I	Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

K		鱼	
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT R	mation should be carefully supplied. AGE should be stated EXACTLY.	CAUSE OF DEATH in plain terms, so that it may be properly classified. Ex	ď.
IS A PE	stated E	properly	TION is very important. See instructions on back of certificate.
HIS	be	be	of
IK-T]	plnode	t may	1 back
Z	田	at i	3 01
DING	· AG	se th	actions
UNFA	pplied	terms,	instri
HH	lly su	plain 1	See
M	refu	in	tant
INLY,	be ca	EATH	impor
PLA	plnoy	OF D	very
TE	n s	SE	S
-WRI	matio	CAUS	TION

V. S. No. 1

STATE OF	MARYLAND-CERTIFICATE	OF	DEATH

U	1-	Q	1.3	6)
U	U	)	4	4

1. PLACE OF DEATH					(82-0)	, ,
	County / Day	timor	<u> </u>		Registration Dist. No	44
Village or City Lues Grove					No	St., Ward
	Length of residanca in c	ity or town where de	ath occurred		death occurred in a hospital or institution, give its NAME instead of st	
		()/./-		1 /+	A	us.
F	FULL NAME	angua.	maes.	a class		
	(a) Residence: No.	mus	(Usual place	of abode)	St., Ward.  If nonresident give city or to	own and State
AND SHAPE	PERSONAL AN	D STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DE	
3. 3	M. 4. COLO	OR OR RACE	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	th , 193 4
5a.	If marriad, widowed, or dive	orced		1		(1001)
	(or) WIFE of				22. I HEREBY CERTIFY, That I	
6 1	DATE OF BIRTH (month, da	1879	2 mbs	som-		
	AGE Yaars	Months	Days	If LESS than	to have occurred on the data stated above, atm.	10, veath is said
	223			1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importal were as follows:	
z	8. Trade, profassion, or p	articular	1	1/		Date of onset
110	kind of work done SAWYER, BOOKKE	EPER, etc.	hore,	Kuper	1. 1. 2. 1.	
JPA	Mindustry or business in work was dona, as SAW MILL, BANK,	n which SILK MILL,			toerebral temorras	il
OCCUPATION	10. Date deceasad last wo	rked at	11. Total t	ime (yaars) nt in this	~ 1	
0	this occupation (mo	onth and	spe occi	nt in this upation		
12	BIRTHPLACE (city or town)	-	00	1	Other Contributory Causes of Importanca:	
	(State or country)	100	Clani	Ŕ.		
ER	13. NAME	Ilres	Cuour	W)		
FATHER	14. BIRTHPLACE (city or to	own)/_		-0	Name of operation	Pate of
	(Stata or country)	Jc	otlar	d	What test confirmed diegnosis? Was the	
HER	15. MAIDEN NAME	1/10	rlanou	m)	23. If death wes due to axternal causes (VIOLENCE) fill in also the	
MOTHER	16. BIRTHPLACE (city or to	own)	, 1 c ,	***************************************	Accident, suicida, or homicide? Date of Injury	, 19
2	(State or country)	717	16		Whare did injury occur? (Specify city or town, county	and State)
17.	INFORMANT	- Inform	thhan	0	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUI	BLIC PLACE.
(Address) / 4 2 3 / 1. Suratoga 4 5.						
- Sant Deept & Justin 6/20 60				120 1934	Mannar of Injury	
					Nature of injury	
19.	19. UNDERTAKER TOTAL J. OSMILLY (Address)			ug cy	24. Was disaase or Injury In any way related to occupation of decaa	ised?
	1/2	24 (10)	16	TODAL	If so, specify (Signad) facolo a Lall man	Coronery n
20. FILED Registrar.				(Addrass) Stemmer Run	/	
		If more bi	lanks are needed, o	iddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
THE NAME OF THE PARTY OF THE PA			/
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<b>13</b> U5833
County Dallemore	Registration Dist. No. 44
Village or City Danon Comb	NoSt.,Ward
Length of residence In city or town where death occurredwrs,mos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME alfred Straws	ler ,
(a) Residence: No. 1524 No. Dallas (Usual place of abode)	St., Ward Sallewsky Med  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 1. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED Fortice the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorce (V HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) Nov. 10, 1903	Hast sow he store on their death is most in said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
31, 30 7 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trede, profession, or particular kind of work dona, as SPINNER, Labour.	accidente drowing
4 Industry or husiness in which	while in bathing
work was done, es SILK MILL, SAW MILL, BANK, etc	
O 10-Date deceased last worked at this occupation (month end year) spant in this occupation	
12. BIRTHPLACE (city or town) Baltimon - Mo	Other Contributory Causes of Importence:
(State or country)	
13. NAME Malle stroub	
13. NAME Wally Strouby  14. BIRTHPLACE (city or town) W	Name of operation Dete of
(State of Country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME (city or total)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or ton) (State or country)	Accident, suicide, or homicide? Date of Injury , 19, 19
17. INFORMANTS Will Mash Strau (Address) 15/12/4 Mo Lalas St	(Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR RIMOVAL Place ASTRONY CEM Date July 12, 1934	Manner of injury
19. UNDERTAKER Byron & Manie Wrigh.  (Address) /2 18 me Elang of Wrigh.	24. Was disease or injury In eny way related to occupation of deceased?
20. FILED July 1, 1934 mc Cormuch Registrar.	(Signed) Just Million Company (Address) Spanning Orange

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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E	xample I		Example II	
The principal cause of dea of importance were as follows:	th and related causes ows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		- 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Perilonitis	3 days ago
	JUL 8 1834			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH	1824
1. PLACE OF DEATH	95B Dy Mas Fiel and	121
County /Saltemore	Registration Dist. No. 31	" Ta
Village or City Caton sur The	NoSt	Ward
	death occurred in a horpital or institution, give its NAME instead of street and n	umber)
2. FULL NAME Fram Q Stice	ds. How long in U.S. if of foreign birth?yrsmon	3OS.
(a) Residence: No. /2/ NEur rurg Aux	St. Ward.	
(Usual place of abode)	St., Ward.  If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Male 4. COLOB OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	4
the Mute married	(Month) (Oay)	(Year)
5a. If married, widowed, or divorced HUSDANS of (or) WIFE of	22, I HEREBY CERTIFY, That I ettended d	eceased from
Unna I. A Stude	Feb 11 19 ,19 74, 10 June 32 00	19 74
6. DATE OF BIRTH (month, day, and year) 771 ay - 6-1876	I lest saw h the alive on come \$2 , 1934	; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, atm.	
30 / G ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER Traine Broker SAWYER, BOOKKEEPER, etc.	Browchielasid Carolle	100
Industry or business in which	atrous	1920
work was done, as SILK MILL, SAW MILL, BANK, etc.		
11. Total time (years) this occupation (month and year) year)		
H	Other Contributory Causes of importance:	leve 12
12. BIRTHPLACE (city or town) / Service (State or country)	O C IT O	162/1
13. NAME Zentour	1 curus y anous	2719
13. NAME UNCOUNT	Name of operation Date of	
(State or country) Jermany	Name of operation Date of What test confirmed diagnosis? Was there an au	'onev?
15. MAIOEN NAME TIME TOUR	23. If death was due to external causes (VIOLENCE) fill in elso the following:	
15. MAIOEN NAME TENCOURE &	Accident, suicide, or homicide? Date of injury	
(State or country) Dersmany	Where did injury occur?	
17. INFORMANT Clerecht & Stude	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE	CE.
(Address) 2 NEwberg Hor		
Place Coulon fact Octo une 23, 1934	Manner of injury	
10 HILDERTAND Upicia, Conte	24. Was disease or injury in any way related to occupation of deceased?	
19. UNDERTAKER WALLA STREET	If so, specify	
20. FILED 6/2 2 19 Helpelicar	(Signed) / She Share (Ill	M. D.
Registrar.	(Actress) Cotonsbill me	
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting T. S. No. r.	-

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
ELIPEAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	111841
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

RESERVED

MARGIN

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Run over by street car Chronic interstitial nephritis 1921 1 week ago Cerebral hemorrhage Peritonitis Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

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UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	supplied. AGE should be stated EXACTLY. PHYSICIANS should state	terms, so that it may be properly classified. Exact statement of OCCUPA-	
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 05826
county B alla;	Registration Dist. No.
Village or City Risters formy mg	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	deali occurred in a norpharot institution, give its IVAIVIE, instead of street and number)
2. FULL NAME M anne Jal	bert.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J. SEX  4. COLOR OR RACE OR-DUTRICED (unit-the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct. 27, 1900	10 19 2 to Jane 90, 1934
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at
3.3 7 12 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked et this corrupation (month and the state of	Permittons arena Date of onest
work wes done, as SILK MILL, SAW MILL, BANK, etc	
Spell III (IIIS /A/A	
12. BIRTHPLACE (city or town) Garriany was	Other Contributory Causes of Importance:
(State or country)  13. NAME Charles & Falbert  14. BIRTHPLACE (city or town) Mont growing Co.	
14. BIRTHPLACE (city or town) Montgomery 6.	Name of operation
	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Rusa. & Hanson 16. BIRTHPLACE (city or town) Howard Co.  (State or country)	23. If deeth was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
17. INFORMANT Mrs. Charles I affect (Address) Reighters town my	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place St. Thomas Date June 12, 1934	Manner of Injury
19. UNDERTAKER Berry may & Sons (Address) Reigters, thong my	24. Was disease or injury In any way related to occupation of deceased?
20. FILED June 9, 19 3 4 Wordland Registrar.	(Signed) I ! Transfill siles M.D. M.D. (Address) Reclassian

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
EIVE	D	
8 1934	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	19	
	1915 1921 July 5,1927	of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July5,1927 Peritonitis  Other contributory causes of importance:

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH CERTIFY, That I atlended deceased from If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 BUREAU YOR			
	- 0		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of	
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STATE OF MARYLAND	-CERTIFICATE OF DEATH 05828
1. PLACE OF DEATH	(J3I)
County & alto.	Registration Dist. No. 3 3
Village or City Kustustoun	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrsn	nosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Charles G. Man	nenwetach.
(a) Residence: No. 6 I Lanow Rd.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH June 14 193 4
5a. If merried, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Carrie Hannenwets	22. J HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Feb 21 1850	I last saw halive on James 14, 19 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 8 a.m.
84 3 28 1 day,hr	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, Related SAWYER, BOOKKEEPER, etc.	Date of onset
Rind of work done, as SPINNER, Reference SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, Butcher SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	Bre lo Santis
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Balts City	Other Contributory Canses of importance:
(State or country)	
13. NAME & J Manneworksch  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Mrs Itm F. Tolkede	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) 13 01 & Balta St Balta Ci	
Place Fourter Park Date June 1 6, 193	Manner of Injury  Neture of Injury
19. UNDERTAKER Feline & Jons (Address) Bushington	24. Wes disease or injury In any way related to occupation of deceased?
20. FILED Jone 14, 1934 St. In Slady	(Signed) M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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Chronie interstitiat nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	DIACE FOR	routiles.	TATEMENTS	bi Phisici	AN	
						24.

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i	Example 11	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 weck ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
	1915 1921	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL SPACE FOR I	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B. 18

	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(92-0)
County Dallo	Registration Dist. No. 39
Village or City Halkers	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city or town where death occurredyrsmos.	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME James Carroll.	Welson
(a) Residence: No. 1 Walkers	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Malo West OR DIVORCED (write the word)	June 20, 1934
5a. If merriad, widowad, or divorcad	(Month) (Day) (Yéar)
HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, That I attanded deceased from
	June 12, 1934, to June 20, 1934
6. DATE OF BIRTH (month, day, and year) (lace 17th 193)	I last saw him alive on June 20 , 193 K; daath is said
7. AGE Years Months Days If LESS than	to have occurred on the deta stated above, at LQ 15 m.
3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and raieted causes of importança ware as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, at Louis	Milial Stones
9. Industry or business in which	The state of white the state of
kind of work done, as SPINNER, At Local SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, atc  10. Oata daceased last worked at this occupation (month and senant in this second in this seco	
O 10. Oata daceased last worked at this occupation (month and yaar)	
Valhana	Othar Contributory Causes of importanca:
12. BIRTHPLACE (city or town) (Stata or country)	
	Tidema of dengs.
I 13. NAME Cerrels M. Willow	
14. BIRTHPLACE (city or town) Ballo Co	Name of operation
(Stata of Country)	What test confirmed diagnosis?
15. MAIOEN NAME Edud Jr. Bell.  16. BIRTHPLACE (city or town) Balto Co	23. If death was due to external causes (VIOL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Balto Co	Accident, sulcide, or homicide? Date of injury, 19
S(State or country)	Where did Injury occur?
17. INFORMANT James In wilson	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) Wolkers 24	
18. BURIAL CREMATION, OF REMOVAL	Manner of Injury
July acorrone Denylery Date July 23, 1934	Neture of injury
Ballo So Med 11 to the	
19. UNOERTAKER JAWA JAMA JAMA (Addrass)	24. Was disease or injury in eny way ralated to occupation of daceasad?
A Company of the comp	2811
20. FILED XIMI 22, 1934 Daniel & Miller	(Signad) M. D. (Address) M. D.

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The same of the sa			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

County California County Count
Village or City Paskers 9  Village or City Paskers 9  Length of residence In city or town where death occurred 2 f.yrs. 1 mas. 1 ds. How long in U.S. If of foreign birth? 1 more sident give city or town and State  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, ORD DWORCEO ("write the word) 1 married, widowed, or divorced HUSBAND of ("or) WIFE of Hary Olymphology 1 more sident give city or town and State 1 more sident give city or town and State 2 more sident give city or town and State 2 more sident give city or town and State 2 more sident give city or town and State 2 more sident give city or town and State 2 more sident give city or town and State 2 more sident give city or town and State 3 more sident give city or town and State 4 more sident give city or town and Sta
Length of residence in city or town where death occurred of yes.  Length of residence in city or town where death occurred of yes.  Length of residence in city or town where death occurred of yes.  Length of residence in city or town where death occurred of yes.  Length of residence in city or town where death occurred of yes.  Length of residence in city or town where death occurred of yes.  Length of residence in city or town where death occurred of yes.  Length of residence in city or town where death occurred of yes.  Length of residence in city or town where death occurred of yes.  Length of residence in city or town where death occurred of yes.  Length of residence in city or town where death occurred of yes.  Length of residence in city or town and State.  MEDICAL CERTIFICATE OF DEATH  So. If married, widowed, or divorced HUSBAND of (On DWORGEO (write the word))  Length of residence in city or town and State.  MEDICAL CERTIFICATE OF DEATH  MEDICAL CERTIFICATE OF DEATH  (Month)  (Day)  Length of residence in U.S. If of foreign birth?  Ward  Length of residence in U.S. If of foreign birth?  Ward  Length of residence in U.S. If of foreign birth?  MEDICAL CERTIFICATE OF DEATH  (Month)  (Day)  Length of resident give city or town and State  MEDICAL CERTIFICATE OF DEATH  (Month)  (Day)  (Month)  (Day)  Length of abode)  Length of resident give city or town and State  DEATH OF DEATH  Length of resident give city or town and State  MEDICAL CERTIFICATE OF DEATH  (Month)  (Day)  Length of abode)  Length of abode of abode)  Length of abode of abode of abode of abode of abode of abode of abod
Length of residence in city or town where death occurred of yrs. mas. ds. How long in U.S. If of foreign birth? yrs. mos. ds.  2. FULL NAME  (a) Residence: No death occurred of abode.  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DAYORCED (varie the word)  OR DAYORCED (varie the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of (or) WIFE of Mary Original Days  6. DATE OF BIRTH (month day, and year) (Aug. 1937)  6. DATE OF BIRTH (month day, and year) (Aug. 1937)  7. AGE  Years  Months  Days  If LESS than 1 day. hrs. or min.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of enset
(a) Residence: No relation of abode.  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCEO (write the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of (or) WIF
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DOVORCED (write the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  (or) WIFE of  7. AGE  Years  MEDICAL CERTIFICATE OF DEATH  (Month)  (Day)  (Month)  (Day)  (Year)  193  22.  1 HEREBY CERTIFY That I attended deceased from 193  (Month)  193  (Month)  193  (Month)  193  (Month)  193  (Month)  193  (Month)  194  (Month)  195  (Month)  195  (Month)  196  (Month)  197  (Month)  197  (Month)  198  (Month)  198  (Month)  199  (Month)  190  (Month)  (Mon
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCED (write the word)  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Fig. 1 of Mary Office of Mark Office of Corp. Wife of Corp.
3. SEX 4. COLOR OR RACE OR DINORCEO (winter the word)  5. SINGLE, MARRIED, WIDOWED, OR DINORCEO (winter the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of (or) WIFE of (or) WIFE of Mary Olympheth Gang  6. DATE OF BIRTH (month day, and year) Olympheth Gang  7. AGE Years Months Days If tess than 1 day, hrs. or min.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset
OR DWORCED (write the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  AGE  Years  Months  Days  If LESS than 1 day, hrs. or min.  Date of onset
HUSBAND of (or) WIFE of Mary Expanses Gang  6. DATE OF BIRTH (month day, and year) Carry 1, 12 to 1936  7. AGE Years Months Days If LESS than 1 day,
6. DATE OF BIRTH (month day, and year) Aug., 12 1858 7. AGE Years Months Days If LESS than 1 day,hrs. orhrs. ormin. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
7. AGE Years Months Days If LESS than to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
83 10 18 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Uate of onset
8. Trade, profession, or particular kind of work dona, as SPINNER Harmer SAWYER, BOOKKEPPER, etc.
Rind of work dona, as SPINNER Harmer  SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, Returned  SAW MILL, BANK, etc.  10. Date deceased last worked at this securation (month and spent in this securation).
10. Date deceased last worked at this occupation (month and spent in this occupation cocupation coc
12. BIRTHPLACE (city or town) Balton By Other Contributory Causes of Importance:
(State or country) Mary and
13. NAME PLACE (city or town)  Name of operation  Data of
14. BIRTHPLACE (city or town) Data of Data of
What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Villyour 23. If death was due to external causes (VIOL ENCE) fill in elso the following:
O I6. BIRTHPLACE (city or town) Date of injury
(State or country) Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address) (Rask Charles and Control of the Control o
18. BURIAL, CREMATION, OB REMOVAL Manner of injury
Nature of injury
19. UNDERTAKER Below Character Consideration of deceased?  (Address) 740/ Below Character Charac
20. FILED 7/3, 1934 9. a. Fritz (Signed) Sund Survey M. D.
Registrar. (Address) (Address) (Address) (If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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